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The Journal

OF THE

Michigan State Medical Society

ISSUED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

VOLUME XVII—No. 2
WHOLE NUMBER 186

GRAND RAPIDS, MICH., FEBRUARY, 1918

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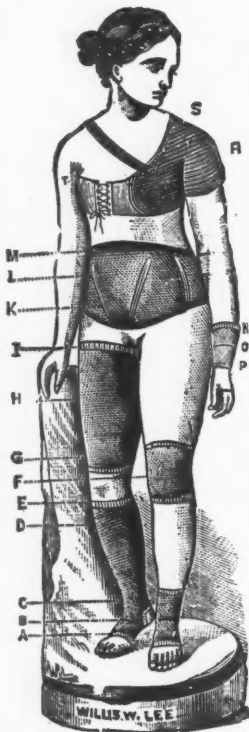
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Vol. XVII

GRAND RAPIDS, MICHIGAN, FEBRUARY, 1918

No. 2

Original Articles

FRACTURES OF THE SKULL.

LEO JOHN DRETZKA, M.D.

Senior Surgeon, City of Detroit Receiving Hospital.
DETROIT, MICH.

During the period between October 15th, 1915, and December 1st, 1917, three hundred and ninety-six (396) patients with fractures of the skull were admitted into the Receiving Hospital. One hundred and eighty-six (186) of this number were transferred to other institutions within twelve hours after admittance. The mortality rate of the remaining two hundred and ten (210) cases was thirty per cent. (30%). One hundred and thirty-two (132) cases out of the two hundred and ten (210) required operative interference. From seventy to eighty per cent. (70-80%) of the fractures of the vault involved the base as well. Thirty-five per cent. (35%) of the three hundred and ninety-six (396) cases showed symptoms of alcoholic intoxication.

A fracture of the skull, more than any other traumatic injury requires the immediate, as well as constant, attention of the surgeon. The change from a state of consciousness to one of unconsciousness must be anticipated, for the patient may be admitted in a conscious state and in a very few hours after become unconscious.

Of first importance are the location of the lesion and determination of the extent of the intra-cranial damage (whether it is due to depressed fragments of bone, hemorrhage, edema or brain laceration).

SYMPTOMS.

- (a) The history, together with subjective and objective symptoms, indicates that injury in some degree is present. The body may or may not be in a state of shock, the patient conscious or unconscious.
- (b) Laceration of scalp with considerable hemorrhage may present itself.
- (c) The area of the vault may be depressed, fissured, indented or comminuted.
- (d) There may be bulging of the eyes, frequently one more pronounced than the other—eyelid ecchymosed—or the eye may appear normal.
- (e) The reaction of the pupils is important, both as a means of diagnosis and prognosis. Are the pupils equally dilated and do they react? Are they pin-pointed or widely dilated?
- (f) Bleeding from the ear is common, and there may be an escape of cerebro-spinal fluid or brain tissue. Bleeding may also occur from the nose, mouth, under the conjunctiva, or beneath the pharyngeal mucous membrane.
- (g) Temperature is usually elevated and in critical cases may reach 108 degrees.
- (h) The pulse may be either normal or rapid, directly after the accident, but with increasing intra-cranial pressure it falls continually lower and may reach 30.
- (i) Respiration may be either normal or rapid and if pressure increases it gradually becomes lessened and more labored and Cheyne-Stokes breathing finally appears.
- (j) Hemiplegia may be partial or complete, the facial form being the most frequent. There may be involuntary passage of urine and feces.
- (k) Reflexes may be exaggerated in the beginning then disappear entirely or become lost on one side.
- (l) There may be a general confusion which appears and disappears.
- (m) Blood pressure may be normal at first reading. The second reading only is of importance. Pressure reading should be taken at frequent intervals.
- (n) Spinal puncture reveals blood in basal fractures and may be used as a means to lessen pressure.
- (o) Choked disk is present when intra-cranial pressure exists and is a valuable sign.

FRACTURES OF THE BASE OF THE SKULL.

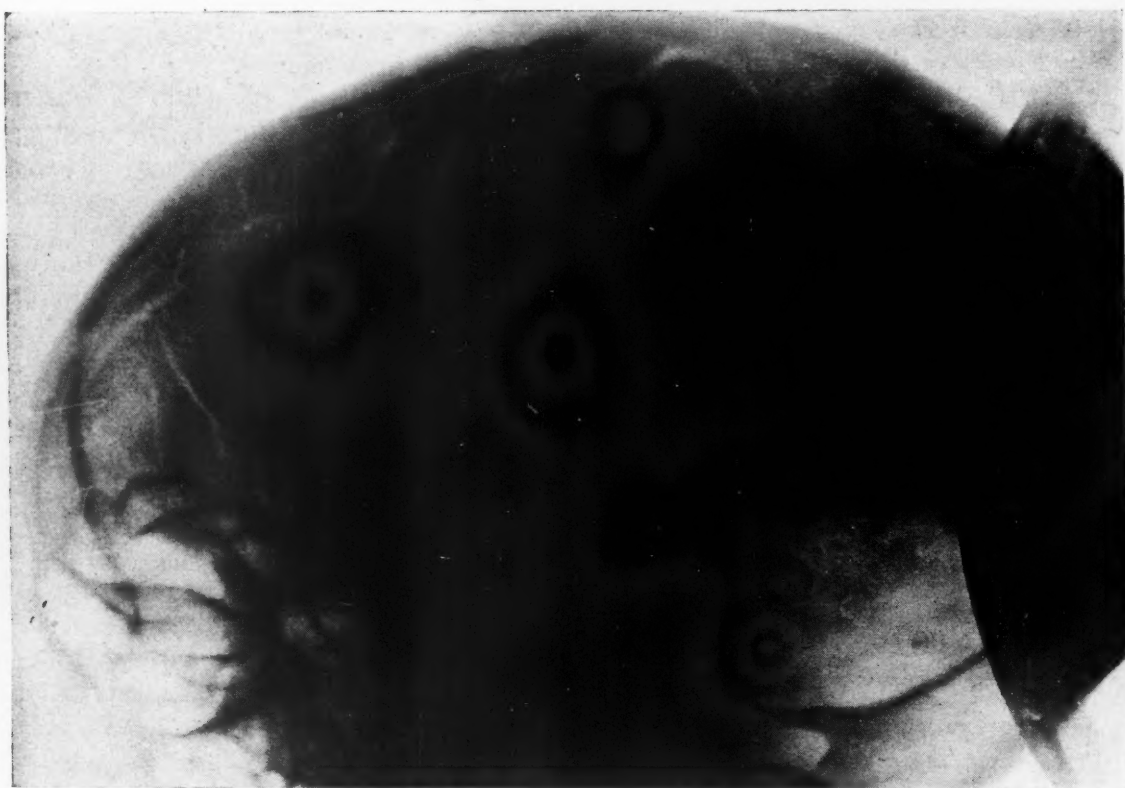
These fractures involve either the anterior, middle or posterior fossa or the entire base.

Symptoms manifested with fracture of the base are:

- (a) Hemorrhage of the orifices, namely, ears, mouth and nose.
- (b) Escape of cerebro-spinal fluid or brain tissues through the orifices.
- (c) Bulging of the eyeball due to intra-cranial pressure.
- (d) Subconjunctival hemorrhage and olfactory nerve involvement.

ders in diagnosis. A patient suffering with any one of the above conditions may have indulged in alcohol or received it as a stimulant before arriving at the hospital. There are many instances of patients being discharged by examining surgeons as alcoholics, or locked in police stations as "drunks" only to be discovered several hours later that he was suffering with a fractured skull.

Alcoholic Intoxication.—The breath may be that of an alcoholic; vomiting of undigested food is frequent; pupils commonly dilated and react; face flushed; coma not profound and



"H. C."—Extensive Multiple Fracture of Vault involving Left Frontal Parietal and Occipital region.

- (e) Pupillary reaction—either they do not react and are dilated, or one is dilated and the other contracted.
- (f) Pharyngeal hemorrhage is often evidenced as well as ecchymosis in the mastoid region.

DIFFERENTIAL DIAGNOSIS.

In the industrial and hospital practice, cases of unconsciousness, without a distinct history, are common. It is therefore necessary to distinguish the unconsciousness of brain injury from a comatose condition, which may result from alcoholic intoxication, apoplexy, epilepsy, uremia, hysteria, diabetes or opium poisoning.

The alcoholic breath has lead to many blun-

patient can be aroused by supra-orbital nerve pressure.

Apoplexy.—Hemiplegia exists; pupils usually dilated and inactive (they may be unequal); coma profound and patient cannot be roused; respirations are slow, noisy and accompanied by stertor.

Uremia.—Pupils not constant, general appearance suggests nephritis (this may be corroborated by an examination of the urine); paralysis and stertor are absent.

Opium Poisoning.—Pupils contracted, no paralysis, respirations are slow and quiet; patient may be aroused.

Diabetic Coma.—Pupils react slightly, ace-

tone breath, temperature subnormal, urinary examination characteristic.

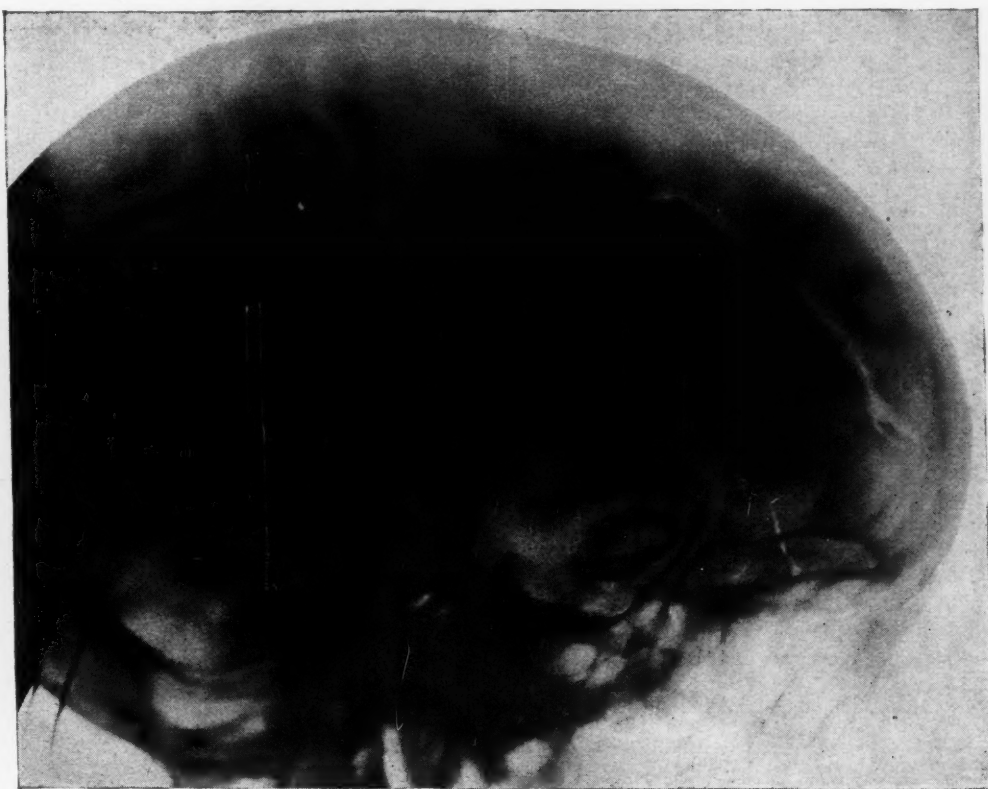
OPERATIVE TREATMENT.

Operative interference is imperative in all cases of depressed fractures, compound fractures, simple fractures with evident symptoms of hemorrhage or intra-cranial pressure, and basal fractures with symptoms of increasing pressure.

Technic.—The entire scalp is shaved and thoroughly cleansed; tincture of iodine applied, followed by alcohol; tourniquet then applied and

twenty-four hours. This condition is frequent in fractures which involve the vault and base.

The author has had several cases of meningeal hemorrhage with linear fracture extending into the lateral sinus. If the dura is intact and there is no pulsation, it is punctured to determine (if possible) the cause of pressure. Either sub-dural blood-clot or a stream of edema fluid will be disclosed and with the removal of clot or escape of edema, the pulsation will begin and often an immediate change in the condition of the patient is evidenced. If the dura is extensively lacerated and its edge



Case 2. "E. W."—Fracture of Vault Involvement of Right Fronto Parietal Region. (See Case Report No. 2.)

incision is made to expose area of depression. If depression is definitely localized and not extensive, linear incision will suffice; if not localized, the "U" horseshoe incision is employed. In many cases fragments of depressed bone may be elevated without trephining. If this is impossible, the trephine opening is made in the solid bone, its edge overlapping the fracture. If extra-dural clot is present, wipe away with moist sponges or a stream of salt water. If dura is lacerated, the underlying brain area is examined to detect bleeding points, which are ligated. In the event of blood welling up into the operative field from some part which cannot be reached with a ligature, the area is packed with gauze, which may be removed within

cannot be approximated, a fat or muscle implant may be resorted to. The meningeal region should be selected in cases of linear fractures with symptoms of hemorrhage or intra-cranial pressure; and in all basal fractures giving symptoms of increasing pressure, it is advisable to resort to the decompression operation.

NON-OPERATIVE TREATMENT.

The patient is put to bed, wrapped in warm blankets, ice-bags placed at the head and back of neck, an X-ray examination made as soon as possible, pulse, temperature, respiration and blood pressure noted at regular intervals; morphine sulphate administered only when patient

is extremely restless. (Urotropin 5 grs. every five hours).

LOCAL TREATMENT.

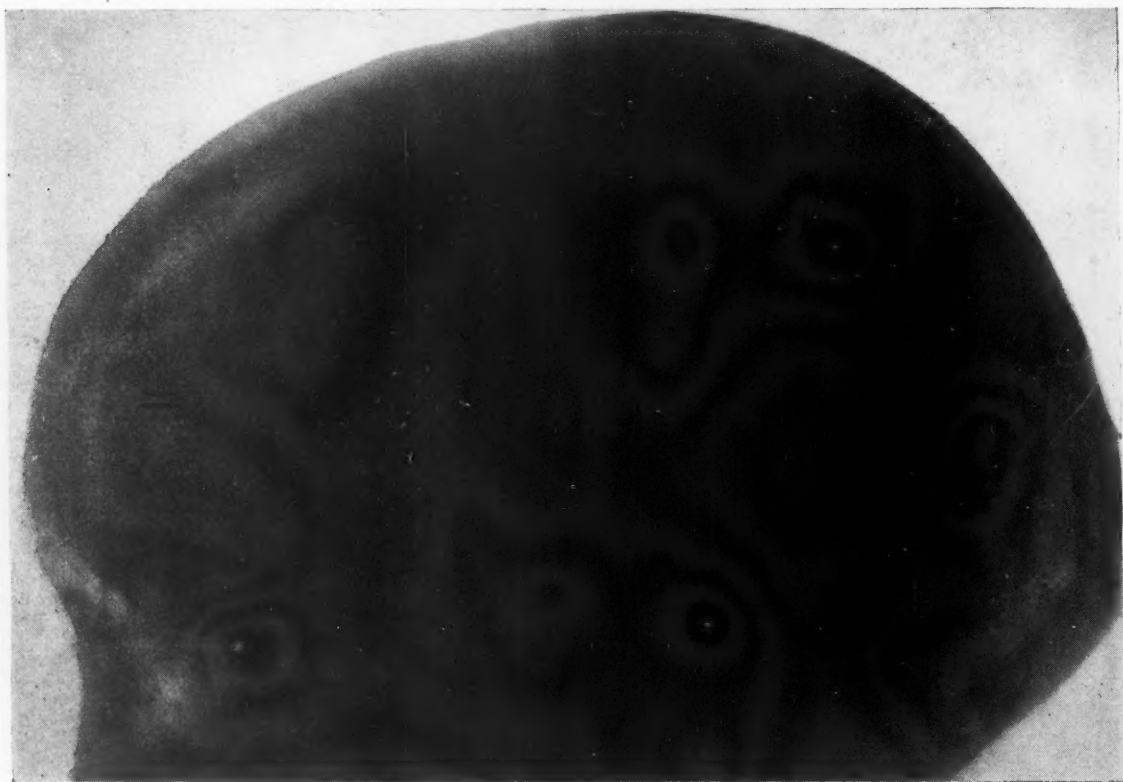
Scalp shaved in region of wound or hematoma, iodine applied and then a careful inspection of the skull made through open wounds, preferably the gloved finger inserted to explore the area. In doubtful cases the laceration should be enlarged or the hematoma incised; wounds drained and sutured with silk-worm gut.

(a) Nose should be carefully cleansed with

mobile while riding a motor-cycle, receiving injuries to the head and other parts of body.

Examination.—Extensive laceration on left side of face and scalp, extending through the temporal muscle; a linear fracture of the skull was palpated through laceration; wound was filled with small particles of dirt and gravel. There was a laceration of the left shoulder; fracture of tibia, upper third extending into knee joint. Patient unconscious and in a severe state of shock. Temperature 99, pulse 160 and very irregular; respiration 17.

Emergency treatment given and patient put to bed; an effort was then made to combat shock. Three hours later pulse dropped to 120 and patient reacted nicely, but shortly after this became extremely restless and noisy. Three days later patient was



Case 3. "M. R."—Fracture of Vault extending into base. Frontal Parietal and Temporal Involvement.
(See Case Report No. 3.)

boric acid solution, care being taken to prevent sneezing.

- (b) Ear should be cleansed with boric solution and after it is dry, boric powder gently blown into the auditory meatus. When there is free bleeding, the meatus may be loosely packed with gauze. Care should be taken, however, not to stop the bleeding entirely with the pack.

It is important that much attention be directed to the nose, ears and mouth.

CASE REPORTS.

CASE No. 1. D. L. Female. Age 21 years. Admitted Sept. 9th, 1916. Patient was struck by auto-

removed to another hospital contrary to advice. While there she went violently insane and became uncontrollable. Was returned to the Receiving Hospital on Sept. 18th. It was found upon examination that the patient was suffering from acute traumatic mania. Facial laceration was infected but this cleared up in twelve days and on October 5th we operated.

Diagnosis.—Intracranial pressure, resulting from skull fracture.

Operative Technic.—Excision of facial scar, elliptical incision made; linear fracture had united; the area over the middle meningeal artery was then trephined and the opening enlarged. There was no brain pulsation visible so the dura was incised and a gelatinous substance disclosed. When this was gently removed, it was followed by a stream of edema. Forcible brain pulsation began immediately. The dura was then sutured and the scalp

closed. Patient returned to bed in good condition but was restless and noisy for several hours after reacting. Signs of returning rationality forty-eight hours later. On the fourth day patient was able to recognize her mother for the first time since the day on which the accident occurred. Twelve days later patient had made a perfect recovery from the skull operation and was walking about with the aid of crutches. She was discharged from the hospital November 18th, 1916, and has reported to me every six months since leaving. She is in excellent health.

CASE No. 2. Female. Age 25. Admitted October 2nd, 1917. Victim of assault.

Examination.—Patient in an unconscious state with several lacerations of the scalp. Upon retracting laceration in right temporal region, a fragment of bone depressing the dura was visible. This was removed with forceps. There was bleeding from the mouth, nose and right ear; pupils were equal and reacted to light. Temperature 96, pulse 110, respiration 30. Patient very restless and noisy. Three hours after admission she began to show signs of returning consciousness, and at the end of twelve hours bleeding from the orifices had stopped.

Diagnosis.—X-ray examination showed extensive fracture of the right fronto temporal and the left frontal region.

Treatment.—No operation; urotropin every four hours; antiseptic treatment of orifices; ice-bags to head; patient showed continued improvement. Temperature rose from subnormal to normal; pulse dropped to eighty and signs of consciousness appeared. Patient was removed to a private hospital on the sixth day regaining complete consciousness on the following day. Patient called on me November 24th, apparently in perfect health and has resumed her occupation as seamstress. A depression can be palpated in the right temporal region but this will probably not cause her any trouble.

CASE No. 3. M. R. Female. Age 30. Admitted October 28th, 1917, thirty minutes after she received injury to the head.

Examination.—Patient very noisy, restless and irrational. Ecchymosis of right eye and large hematoma in parietal region through which depression can be felt. Pupils widely dilated and equal—bleeding from the nose. Temperature 99, pulse 102, respiration 24, blood pressure systolic 122, diastolic 80. Patient put to bed with ice-bags to head. Nose, ears and mouth treated antiseptically. Restlessness increased and patient began vomiting blood. Right pupil more dilated than the left and respiration became more labored. Signs of facial paralysis were present.

X-ray Examination.—Comminuted depressed fracture of right fronto-temporal region—linear fracture extending into base of the skull.

Diagnosis.—Fracture of vault extending into base. Intra-cranial hemorrhage causing increasing pressure.

Operative Technic.—Under ether anesthesia a straight line incision was made on right side over the region of the middle meningeal artery. Edge when retracted disclosed a comminuted fracture, slightly depressed. Button of bone removed with

trephine and active bleeding from posterior branch of middle meningeal artery was found. This was controlled by five catgut ligature. No brain pulsation present. Dura was punctured and edema spurted forth with great force. Brain pulsations began at once. A wide rubber drain was inserted and the wound closed. Patient returned to bed in good condition. Twelve hours following operation was in a restless condition. She was fairly quiet during the night and the following day appeared quite rational. Recognized relatives and surroundings. On the fourth day was entirely rational and improving steadily. Facial paralysis and diplopia present until the tenth day, then began to disappear. Patient complained of dull headaches which gradually became less severe. Discharged thirteen days after operation.

CASE No. 4. W. C. Male. Age 50 years. Admitted January 22nd, 1916. Was struck by a motor-car while intoxicated.

Examination.—Showed patient in a semi-conscious condition; bleeding from left ear; pupils equal; reflexes sluggish; a small laceration of the scalp posteriorly.

X-ray examination disclosed a fracture extending from occipital protuberance to the left auditory meatus.

The second day after admittance, patient became irrational, extremely restless, and showed signs of increased pressure.

Operative Technic.—Elliptical incision to expose fracture. No depression present. Trephined area enlarged; subdural clot found and gently removed, when stream of blood welled up from region of lateral sinus. This was controlled by packing with hydroscopic gauze. Scalp then closed and gauze pack was removed in forty-eight hours.

Patient left hospital four weeks later, having made an uneventful recovery.

In a letter from his son I am informed that the patient returned to his former occupation of bricklayer, but suffered from occasional dizzy spells, so was compelled to seek lighter work occasionally.

CASE No. 5. J. M. Male. Age 31 years. Admitted October 16th, 1915. While looking over the side of a rapidly moving motor-car patient's head was smashed against a telegraph pole.

Examination.—Patient unconscious and bleeding freely from an extensive laceration over left eyebrow. There was a depressed fracture in the left frontal parietal region, extending through the orbit and the eye-ball was lacerated. Temperature 97, pulse 84. Immediate operation.

Operative Technic.—Elliptical incision on left side over depression; small triangular fragment of bone removed. Frontal cerebral lobe was severely lacerated, allowing about a tablespoonful of brain substance to escape. Bleeding vessels ligated; depressed bones elevated and wound closed with drainage.

Upon reacting from the operation patient became restless and irrational. Pulse rose to 104, temperature 101. Six days later patient regained consciousness. His injured eye-ball was enucleated eight days later and at the end of four weeks patient was discharged from hospital. He reported to me one year later in good condition.

CASE No. 6. Age 50 years. Admitted September 3rd, 1917. Was struck by motor-car while in an intoxicated condition.

Examination.—Showed patient conscious and with a slight scalp wound, which he refused to have treated. The remainder of the examination negative but the history of the fall induced the examining surgeon to request the patient to enter the ward for X-ray examination. This he also refused to do, and he signed the hospital release form. He was admonished to place himself under the care of his family physician immediately. Twenty-four hours later he was readmitted into the hospital in an unconscious condition; his pupils unequal, pulse 40, respiration stertorus and death followed shortly.

Postmortem Finding.—Linear non-depressed fracture in temporal parietal region. Extra dural clot weighing four ounces was removed. A rupture of middle meningeal artery—no subdural clot.

THE FUTURE OF MEDICINE.*

W. H. SMITH, M.D., PH.D.

ST. CLAIR, MICH.

The world moves in a higher and larger sense than that of which the old Florentine philosopher ever dreamed. When Burgoyne surrendered Oct. 17, 1777, the news did not reach England until the second day of December. Now the things that happened in China this morning we discussed at the breakfast table. On his voyage of discovery Columbus sailed August 3, 1492 from Palos, Spain, and landed in the new world at San Salvador October 12. Now we cross the ocean in a few days. Steam and electricity have annihilated distance and brought the world together. They have made this earth of ours small and brought us into intimate relationship not only with the people of our own but of every land.

Not only has the globe on which we live been made small but our manner of life has undergone a wonderful transformation. Formerly all work was done by hand, now it is largely done by machinery. The laborer once owned the tool's with which he worked; today they are parts of a machine, too large for him to own. He is dependent upon the use of that machine to supply his bodily needs, and hence the man or combination of men who own the machine practically own him. He must do as they want him to or take the chance of starvation, and hunger or the fear of it will drive a man to work and obedience more readily than the lash ever drove a slave in the world's history.

Poets have dreamed of a day when men shall be relieved of the burden of work. It looks as if we might be approaching that day. Gladstone declared "that by the aid of machinery the manufacturing power of the world doubles every seven years." However, John Stuart Mill says "It is questionable if all the mechanical inventions yet made have lightened the day's toil of any human being." In fact it seems to have had the opposite effect by rendering his job and hence his means of livelihood more insecure, as a machine may be invented tomorrow to take his place. The man who has trained himself

in one line of work and acquired skill in it may not when advanced in years be able to learn another, even if he could be certain of finding one. The way our race has dealt with machinery adapted to relieve humanity of the drudgery of work is a sad commentary on the intelligence or barbarity of men. Abbe Lancellotti in a work written in 1579 says, "Anthony Mueller of Dantzic, saw about fifty years ago in that town, a very ingenious machine, which weaves four to six pieces at once. But the Mayor apprehensive that this invention might throw a large number of workmen upon the streets, caused the inventor to be secretly strangled or drowned."

The destruction of machinery by laborers gave the name Luddite movement a place in history. Nor can we judge them for this act of folly too harshly, as the way the race has taken and used machinery has often had the effect of turning men out of work to starve. "History disclosed no tragedy more horrible than the gradual extinction of the English hand-loom weavers, an extinction that was spread over several decades, and finally sealed in 1838. Many of them died of starvation, many with families vegetated for a long time on 2½ pence a day." Of the introduction of such machinery into India the Governor-General reported 1834-1835, "The misery hardly finds a parallel in the history of commerce. The bones of the cotton weavers are bleaching the plains of India."

The evolution of industry has passed through three distinct stages. First the hand-craft epoch, second the machine age and last that of the factory system. With the coming of the factory system women and children were employed. Parents often sold their children and from the English alms-houses it was customary to sell the little ones as factory slaves. The beds in these slave-pens were not allowed to get cold, one set of children going into them as another came out. Children with lacerated fingers, inflamed joints and aching bodies were beaten out of their beds half-asleep, kicked, cuffed and driven to work by brutal overseers. As a result of neglect, bad food, over-fatigue and poisonous air they died in appalling numbers, and the mothers taken from their homes to toil all day were unfitted for maternal duties. Against such a condition the leaders of the medical profession, true to their traditions of safeguarding human life, were found in protest. Medical men either led the movement against this menace to the human race or the men who did had gathered their inspiration from the teaching of our profession as to the cause of disease. Today we are not leaving our factories to unbridled greed, but are insisting that they shall be sanitary places and that the lives of those who work in them shall be made reasonably safe from the risk of accident or the contraction of disease. Out of this has grown a new branch of our profession, that of industrial medicine with new lines for study such as occupational diseases.

Some day we shall go still further and insist that children shall not be employed in gainful occupations, but kept in school, and that mothers shall not be allowed in factories, but be supported at home so as to give their children proper care, and that when in the progress of the race, the invention and installation of new machinery displaces men from their life-work society, which is to profit by the

*Read before the St. Clair County Medical Society, Dec. 13, 1917.

invention, shall not turn such men out to perhaps starve, but shall be obligated to find them another job or if that is impossible to provide some means for their support.

With the evolution of the factory system came the herding of men into those sources of so much insanitation and unnatural life, the cities. As the development of industry had created a whole line of health impairments, so the changed mode of life in the cities has given rise to abnormal living conditions with bad housing, rotten tenements, sweat-shops, ill-ventilated work shops, improperly-lighted school houses, poverty, alcoholism, venereal diseases, want of proper play grounds for children, rotten foods, polluted milk and water, and delinquency and crime. Out of such conditions developed an appalling list of disease and death, so that men, women and children died like flies in autumn.

While others stood helpless before this awful fatality medical men organized boards of health and set themselves earnestly at work to discover the cause and so well have they succeeded that today life is as safe in our cities as in the rural districts. This is due to the efficient health service being so much better in the urban than in the villages and rural districts. In this is found another of the advances of medicine. While our profession almost alone profits by having people sick, yet to the crowning glory of medicine, it must be said that our profession has taught the world all its sanitation. We alone as a profession have taught people how to prevent disease.

The contrast between the ethics of our profession and that of the world around us is marked. A man in another calling makes a discovery. He patents it in order to make money for himself, but the ethics of our profession says he must give that to the world without recompense for the benefit of suffering humanity. A man in another vocation loves to see his name in the papers and to occupy the seats of honor, while ours forbids a man to have his name in the paper for any meritorious treatment or operation, save a simple card announcing his business. A man employs us to cure him when sick and then the longer he remains sick the more he expects to pay, that is he hires the doctor to get him well and then pays the physician to keep him sick, a stupid transaction on his part. His only safety under such a system is the ethics of the medical profession which says that a man low enough to keep a patient sick for the sake of the increased fees is unfit for membership in any medical society. Why, if our profession had no higher ethics than those of the business world no sick person would ever be allowed to get well while he had a dollar left that we could extort from him.

Some day the people will become too intelligent to keep up this absurd system and they will hire doctors and pay them a good salary to keep people well rather than to cure them after they become sick. In other words the future of our profession will be in the line of preventive medicine rather than as now curative and we should see this and lead the way to it. Our profession has given the world all its sanitary knowledge and we must continue to lead the movements for safeguarding the public health or see our places taken as public leaders by the sanitary engineers who will do the work if we fail and be given the offices and the honor that justly

belongs to the medical profession. We cannot stop. We have gone too far and must go forward or see our places taken by those who will.

The medical profession has given the world its grandest lessons in heroism. The speaker has seen soldiers stand unmoved like a rock before blazing cannon and volleys of musketry, and the same men blanch and whiten when required to enter a small-pox pest house. Some of you will remember when the yellow fever raged in the South and relatives forsook their dependents and fled for safety, yet the heroic doctors stayed at their posts. Nay, more young men from the North, who had received medical education and knew it was almost certain death for them to venture into that fever-infested zone, left home and friends and went South, hoping to save some before they themselves fell martyrs to the disease.

Time would fail me should I attempt to enumerate the quiet, unostentatious heroes of medicine who, by experiments upon their own bodies, have paid with their lives for their efforts to discover the causes of diseases. Thanks to the sublime courage of medical men in daring to thus risk and often lose their lives, we know today the causes of diseases that were once baffling, and hence how to avoid or eradicate them. The building of the Panama canal is probably the most wonderful achievement of this wonderful age in the industrial world, and yet the building of that canal was only rendered possible by the martyrs of medicine who dared expose themselves to and contract such diseases as malarial and yellow fever in order to discover their cause in the fever-disseminating mosquitoes and thus provide the race with the means for their abolition. The medical profession has a long list of names of men who were willing to die to make the future of humanity better than its past by supplying us with the means for the eradication of disease.

Three and a half years ago a few war-mad maniacs plunged the world into a cyclone of destruction. The choicest works of the ages were ruthlessly destroyed, men were butchered in a holocaust of blood, other professions, like the chemists and engineers, marshalled their resources to make the world a charnel house and lead it back towards barbarism. In this wild orgy of destruction and atavism to savagery our profession alone has remained constructive and faithful to those ideals that conduce to the race advancement. No discovery of ours has been prostituted to the work of slaughtering men or debauching women and children, but with a heroism surpassed by none our men have been at the front not to take life, but to save it. Medical men have been upon every battle-field of the war, far to the front, to alleviate the suffering of the dying, to rescue the wounded, and to bind up and repair as far as possible the injuries which war has caused. Our profession love humanity and have kept their hearts so free from the bitterness and animosity around them that they are as ready to care for a wounded and suffering German as for a wounded Frenchman and for a wounded Austrian with the same zeal to save his life that they would a wounded American.

True most of us recognize that Germany is to blame for this war and that its cause is to be found in the desire of her ruling class for world dominion and supremacy in trade. We also recognize that no

greater calamity to the world could happen than for Germany with her feudalistic government and disregard of her plighted faith to win. This would mean the turning of the world backward, worse if anything could be than the horrors of war. Still with hearts untainted with bitterness, we are ever ready to minister to her children, for wherever there is suffering humanity there is our mission to relieve, to comfort and to bless. This spirit alone fits our profession to play a prominent part in leading the world back to sanity after the present mad orgy of blood shall have passed away.

That we love our country and desire to see her win goes without question. Rather as a profession we have shown that by lives of social service. Our profession has ever striven to make our country the cleanest and best country in the world in which to live. This is a patriotism higher than that of the battle-field, and our profession has shown it by waging an unceasing war against those arch-enemies of the human race—diseases of every kind.

In this warfare we shall continue and never ground arms until our country is purged of every disease and every man, woman and child in it has the right to live a complete human life without apprehension of premature death, because our country shall have been made so clean and sanitary that it will be impossible for disease to gain a foothold in our midst.

In our mission we have been waging the holiest war in which men were ever called to battle. We have met and vanquished the superstitions of the past and given the world its true theology. We have taught men that nature's laws are God's laws, and the eternal habits of deity, that they are unvarying because God is unchangeable, and that to be co-partners with him we must learn his laws and work in accordance with them. We build a canal connecting two oceans, tunnel a mountain or bridge a river, but in this we have contravened no natural law, but simply worked in accordance with God's law of gravitation. We can graft a greening upon a crab apple and produce greenings because we understand the laws of growth. Men have learned to navigate the ether above us in aeroplanes and "greyhounds of the air," because they understand the laws of flight. In the same way we meet and overcome disease by investigating and discovering the laws governing its action. No intelligent man today would assert that disease was sent to the world as a punishment by an offended deity, but it is recognized as a result of violated cosmic law under which we live and which we must observe to be healthy, and this great change in theological thought the world owes to the researches of medical men.

It is evident that the more of these natural laws we know and obey the larger and truer will be our conception of deity, the safer our position, and the broader our liberty and relationships in life. The savage knows but few and is limited in his intercourse with his fellows. He can talk with those close at hand or halloo at a limited distance, but the civilized men by means of a wire can speak at long distance, or by the Hertz' waves dispense with the wire and still send his thoughts over mountains and across vast expanses of water.

Even so it is in dealing with disease. The more knowledge we have of its cause, action and manner of development, the better equipped we are to grapple with and overcome it. In this, however, is a danger, the danger that some men in our profession should make a fetish of disease and dance around it, that is simply to study it with the aim of treating it rather than how to avoid it. We should ever remember that the highest and best part of our profession is preventive medicine, and if we must have a fetish, it should be health and how to preserve it, rather than disease.

Incidentally the ethics of our profession is a standing refutation of the vile slander upon the human race that men will not work unless paid for it in money. The man who will use this statement shows his narrowness and littleness of mind. If a good observer of humanity he would find them swayed by a multiplicity of motives. No one pays women in money to keep virtuous and men often take public offices at a financial loss, or do countless other things without hope of reward beyond the approval of their own conscience and here is a whole profession whose best work is done not for a money reward, but against it for the benefit of humanity.

The war has already removed the worst anomaly of our profession. Hitherto venereal diseases have been regarded as diseases of shame and to be treated secretly, but so many of the young men called to the colors have been found unfit on their account that the Federal government and states have joined hands for their extirpation and today gonorrhea and syphilis are made reportable to the State Board of Health and the source of their contraction so that their spread may be prevented. This is a fine movement in the right direction, as it means that the sanitary handling of these diseases are no longer to be left to a lot of well-meaning cranks, who have been accustomed to overlook the male prostitute while dealing with the female, but the problem of prostitution and its evils turned over to the level-headed men of the medical profession. Thus has auspiciously started another movement destined not to stop until these scourges of humanity are as completely robbed of their power as have been the plagues of the past.

Another thing the war has brought home to us. It is that success in war is largely a matter of industrial efficiency at home. This has an important bearing upon the medicine of today and will have a still more important one in deciding the medicine of the future. This means that our medical or health work is going to take on a new form. Instead of simply saving life and estimating the result by the numbers saved, it will look to the safeguarding of the efficiency of the workers. The country, the state, and the manufacturing plant are poorer by every day lost unnecessarily and also by a workman who can only do part of what he ought. From this it follows that industrial medicine is destined to have a much larger development and many in our profession will be called upon to diagnose and treat the causes of industrial inefficiency. Even beyond that we shall go and learn to recognize and abolish these causes. This means a large development of group medicine with a dispensary in every plant, because manufacturers will learn that they can no more afford to have inefficient workmen than

the nation can afford to have inefficient soldiers in its army.

The way of regarding disease has changed markedly since I was a boy. Then disease was regarded as individualistic, now it is looked upon as communal or social. This was never quite true as disease was always more or less of a social nature and it is still more so today. A physician who would give a disease a name and treat the name would now be far from doing justice to his patient. Rather he should make a social diagnosis and find out what is wrong in society, that is to say in the housing conditions of his patient, his or her food or the conditions under which he or she works. The proper treatment of the case may require a visit to the employer to have the conditions of labor improved or to a landlord to have housing conditions corrected.

Instead of being individualistic disease is more frequently due to society's mistakes or crimes, as when a city pumps diluted sewage to its people for drinking purposes, or allows them to be poisoned by rotten food or contaminated milk. In various other ways disease shows its social character and this suggests that the medical practice of the future will be social to conform to the character of the diseases. Also it will be vastly extended to meet the new demands, but with the view of keeping men well rather than curing them after they become sick. This will occur because society will some day become intelligent enough to know that disease is waste and loss and it is more profitable to prevent than to cure it.

The time is assuredly coming when we shall have a secretary of health as a member of the President's cabinet and he will be the most important member of that cabinet, because he will be called upon to care for the most important interests the people have, their lives, their health, their efficiency.

In the time when people awake to their truest interests we shall not only have medical inspection in all our schools, but medical teaching in the schools of matters pertaining to health. Some day we, who have taught the world the relationship between poverty and disease and crime, may be called upon to prescribe a remedy for and cure poverty. We have also shown that there is a relationship between wages and disease and death. Our government's researches at Johnston, Pa., showed that 200 children out of every 1,000 died where the father's wages were less than \$10 a week, while the infant mortality was about 80 in families where the income was \$25 or more a week. This indicates that the medicine of the future will concern itself with wages as probably it will with poverty.

All men need clothing, shelter, fuel and food. The consequence of not having these properly supplied is often paid in disease and death. Hence the medical practice of the future is likely to be potent in insisting on the sanitary handling of our resources. Hitherto this has not been done. The Creator put here timber enough to have lasted the world for a thousand years, and so ruthlessly have we allowed its destruction by unbridled greed that today there is a shortage of timber. A sanitary handling would have allowed its use as needed, but prevented the waste.

Chief among the national resources demanding sanitary treatment is the land and the use we make of it. Buckle in his *History of Civilization* has

shown us the potency of a rich soil and rice in developing the civilization of India, how dates and a soil whose fertility was maintained by the annual overflow of the Nile was responsible for that of Egypt, how maize and a rich soil produced a like result in Mexico under the Montezumas and the part played by the potato and a fertile soil in the Inca civilization in Peru, and how the centralization of wealth in the hands of the few was responsible for caste and class distinction and the overturning of those civilizations.

With this importance of the soil in civilization how necessary is its sanitary treatment and yet what do we see? Lands impoverished by overcropping, or excessive sameness in cropping; farms prematurely worn out and abandoned like some in New England; often a neglect of fertilization; diminishing returns for agricultural labor with men fleeing from the worn-out soil to the wilderness to repeat the same process, or to the cities. These matters concern us as diminishing returns for labor on the farm as in other industries mean lower standards of living with its concomitants of disease, vice and crime, and the medicine of the future will insist that the lands shall not be left to the haphazard methods of today, but shall be sanitarily handled so that their use or abuse, all it which you will, shall not lead to their impoverishment, but rather to their continual enrichment so that they will become more and more productive from age to age.

As the world grows older new and larger problems will come to the race. In their solution the medicine of the future will play a prominent part. This is because our training as physicians has fitted us for it. Bigotry has no place in our profession. We must be ever ready to discard the belief of yesterday for the discovered truth of today and the man whose mind is not open enough to do that should be in the graveyard. At least he has no place in the medical profession. Again medical men by their training as students and discoverers of nature's laws and guidance by them have the habits of mind and education that adapt them to become the discoverers of social laws and to prescribe the remedies for the evils in our social and political life. Still farther, our profession having maintained its ethics of service to humanity, undebauched in this age of greed, is alone fitted to grapple with and solve such problems on the basis of equity and justice. Either their solution must come from us, or from men who have gathered their inspiration from us, and adopted our ethics and methods of research. Thus from medical men, who gave the world its freedom from the plagues and pestilences of the past, must come, directly or indirectly, the remedies for the plagues and pestilences that vex and threaten the destruction of our individual, social, industrial and political life.

Possibly even in the near future our military friends may feel constrained to call upon us to teach them how to prepare for war. Last spring our government realizing the important part food-stuffs were to play in war urged those of our people who had yards to convert them into gardens so as to raise as much food as possible and our women to abolish the waste so often seen in our kitchen. This was good advice and worthy of being heeded, but those of you who have been much above Bay City the past summer have ridden for miles and

miles through land lying absolutely idle. Speculators secured this land, stripped it of its timber and have since held it at a price that has prevented people getting and using it for homes. There are also vast tracts of land, thus held idle in other states, especially in the West. This waste of our resources should not have been allowed. In view of the necessity of food for war purposes such lands should have been conscripted and used.

A good method of handling them would have been when our government drafted men for service to have kept all in the service, separated out the unfit and placed them under officers who knew how to farm and detailed them to work these lands. Then the farms should have been divided into districts or groups and a medical man too old for service at the front assigned to each group charged with the duty of looking after the sanitation of the farms and health of the men. Had this been done three-fourths of these men could have been made fit for soldiers by fall and we could have raised on the lands, which have been allowed to lie idle in this country, foodstuffs enough to have supplied the world and still had a surplus for future use. No nation can do what it is capable of in war which allows its unfit men to remain unfit or allows its resources to be wasted, but to do its best must mobilize all its resources, both of men and of property, and use them in the most efficient possible manner.

The past winter the speaker attended a hearing before a senate and house committee of the Michigan legislature on the question of continuing the appropriation to continue the warfare so well begun in our state against tuberculosis. The next day in private conversation a member of the legislature said to me "To tell you the truth, doctor, I think that there would be a better chance to get from this legislature an appropriation to combat a disease of hogs than one to combat a disease of human beings." What a low standard was this for men chosen to represent a great state? With such a low standard medical men have a mission to perform, that of disinfecting the human mind and purging it of its low ideals until never again will the voters elect men to represent them that will place a higher value upon hogs than they do upon the most priceless possession any state can have—its men, women and children.

In our mission to eradicate disease and purge humanity of its low ideals we are receiving valuable assistance from the best men and women in other callings. Such are our antituberculosis societies, the Red Cross and nurses' work, the little mother classes in many of our cities, the child welfare work of our national government presided over by Julia C. Lathrop, the eugenic societies asserting the right of every child to be well-born, the manufacturers who have learned they cannot afford to have their employes ill and hence are supporting industrial medicine and are ready to pay for efficient health service, and numerous others.

Every one is familiar with the splendid work the Metropolitan Life Insurance Company is doing in caring for its policy holders because it has found it cheaper to care for the health and lives of those whom it insures than it is to pay death claims. Other insurance companies are finding the same fact and

in short all the signs of the time indicate that humanity is awaking to the fact that health has a money value and that the future treatment of disease will be preventive and more and more communal. In this great advance of humanity the medical profession will continue to lead until this earth redeemed and freed from ignorance, greed, vice, crime and disease shall be as the new Jerusalem which John saw in prophetic vision in which there shall be no more pain, neither sorrow nor crying, for the former things, which made for evil to the race and prevented its progress, shall have passed away.

DATA OBTAINED FROM THE OBSERVATION OF FIVE HUNDRED AND THIRTY-ONE CASES, WITH REFERENCE TO ETIOLOGY OF THYROID HYPERPLASIA.

BLANCH N. EPLER, M.D.

KALAMAZOO, MICH.

In the examination of 2,000 students of the Physical Education Department of a Normal School in Southern Michigan, since 1914 I noted that in about 85 per cent., enlarged thyroids presented—the ages averaged 19 but extended from 16 to 30 years.

Several years ago the *British Medical Journal* presented the result of work done on the etiology of goitre and showed that organism of the colon group obtained from the water of the depressed areas in hilly or mountainous districts, a so termed concentrated water, caused thyroid overgrowths.

Switzerland is the country notable for the frequency of goitre—Michigan ranks close in the prominence of its enlarged thyroids.

The marked distribution of thyroid hyperplasia—the picture in infectious diseases of the lymphoid system and the thyroid—the results of the English work, led me to realize that there might be found in the details concerning some of these enlarged thyroid cases under my observation valuable factors and suggestions bearing on the problem of etiology.

With this in mind, I considered some 500 cases and present the data—having in mind the possible infectious nature, direct or indirect, of the hyperplasia.

The students at the State Normal School in Kalamazoo come largely from small towns and rural districts in Southern and Central Michigan and the school conditions have no bearing upon my findings.

I have, in a data obtained about the 500 girls, noted the character of the source of each water

supply—living locality and birth place, contagious diseases, especially tonsillitis and a few other points. In addition, some 250 children (boys and girls) in the Training School of the Normal were observed for similar points.

Too large a number of these children showed heart murmurs; the majority a beginning scoliosis and many uncared for teeth and gums, though coming mostly from well-to-do families. Most of the older students examined presented slight acne vulgaris and obstipation or constipation.

No. observed in the 1st series	535
No. enlarged thyroids found	405
No. exophthalmic goitre	2
No. addressed as to	
1. Water supply and	
2. Contagious diseases	323
No. drinking well water in rural districts..	153
No. drinking city water (largely obtained from driven wells)	126
No. drinking spring water	31
No. drinking lake water	13
(No. from Kalamazoo	44)
(No. from Kalamazoo County	8)

As to the contagious diseases.

No. having had 3 or more contagious diseases	94
No. having had tonsillitis	45
No. having had enlarged glands	4
No. having had typhoid	18
No. having had diphtheria	6
No. having had nasal or sinus infection	3
No. having had pyorrhoea	11
No. having had arthritis (acute)	1
No. having had anterior poliomyelitis	1
No. having had small-pox	2

As to those having had three or four contagious diseases but showing no enlarged thyroid—a small group were noted.

No. having had 6 diseases	3
No. having had 5 diseases	5
No. having had 4 diseases	9
No. having had 3 diseases	13
No. having had 2 diseases	2

The following counties were represented in the 405 cases:

Allegan	5	Kalamazoo	93
Benzie	1	Jackson	3
Berrien	9	Lenawee	1
Branch	4	Mecosta	12
Barry	6	Muskegon	5
Cass	4	Manistee	3
Calhoun	14	Newaygo	1
Charlevoix	1	Menominee	1
Dickinson	1	Oakland	1
Eaton	1	Ottawa	8
Genesee	2	Oceana	3
Gratiot	3	St. Joseph	15
Grand Traverse	5	Saginaw	1
Houghton	10	Wayne	1
Ionia	3	Washtenaw	1
Ingham	2	Wexford	1
Kent	23	Van Buren	30

A second series of cases of students residing in Kalamazoo drinking city water (driven wells) were as follows:

No. of cases of enlarged thyroids	90
Larger than normal—full	54
Large	36
Born and living in Kalamazoo	41
Born and living in Kalamazoo County	7
Born in Michigan out of Kalamazoo	39
Born in other states	12

A third series observed were of 250 children in the Normal Training. These, as before remarked, were mostly of good families—mostly born in Kalamazoo and a fair number showed heart murmurs and scoliosis; while poor teeth and gums were not infrequent.

No. examined	244
No. enlarged thyroid	37
No. in kindergarten, with enlarged thyroids	2
No. with enlarged thyroid in 1st grade	6
No. with enlarged thyroid in 3rd grade	4
No. with enlarged thyroid in 4th grade	7
No. with enlarged thyroid in 5th grade	1
No. with enlarged thyroid in 6th grade	4
No. with enlarged thyroid in 7th grade	6
No. with enlarged thyroid in 8th grade	7
No. of boys with enlarged thyroid	12
No. of girls with enlarged thyroid	25
No. with enlarged cervical glands and enlarged tonsils	17
No. with enlarged tonsils	9
No. with enlarged glands	5
No. with neither enlarged glands nor tonsils	8
No. having had chicken pox	4
No. having had chicken pox and measles ...	14
No. having had chicken pox, measles and pertussis	8
No. having had chicken pox, measles and scarlet fever	1
No. having had 3 or more contagious diseases	11

Michigan is a hilly rugged state—dotted with innumerable small lakes connected with underground springs—and traversed with glacial markings.

Most of the cases had had some contagious disease—showed slight acne vulgaris and obstipation or constipation.

Pupils coming from other states rarely presented an enlarge thyroid and in fact a normal thyroid led me to ask as to what state they came from.

TICS OR HABIT SPASM.*

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The name often used "Habit Chorea" is a misnomer; it is not at all a chorea but a "Habit Spasm." I am led to give this paper, because it comes to me, that, by many, the affection is regarded as practically incurable. This is not true.

When a flock of sheep is turned into a new hillside pasture, they can and do wander about, in every conceivable direction, but, in a few days, it will be found that they have worn a number of sheep tracks and that, thereafter, on their longer strayings, the sheep follow these tracks, until they become deep depressions, in the turf. *They have found paths of greatest ease and least resistance.*

To a large degree, education of the mind, depends upon the opening up of cerebral sheep tracks or paths of greatest ease and least resistance.

The mass of white brain substance greatly exceeds the amount of gray, cellular substance. It all consists of conducting fibres. An immense area, to be used as possible sheep tracks. Paths of greatest ease and least resistance. Medulated nerve fibres, connecting wires, making possible infinite modes of easy communication, between cells of the most diverse functions.

All kinds of connections are conceivably possible but in even the most skillful, most variously educated mind, the probability is, that many are never used, many used only occasionally and with difficulty and relatively few used easily, freely and often.

My neighbor had two thousand hens, in a large number of colony houses. A tornado, one Sunday afternoon, tumbled the houses about and the air was filled with fluttering hens. He fully expected that every hen would be carried out upon the nearby Detroit river. To his surprise, every hen suddenly disappeared and he found them all, squatting upon the ground, with their beaks on the ground and headed into the wind, in such a manner that the pressure of the wind flattened them hard to the ground.

Not a hen but knew the trick!

Now a hen, with reference to an automobile,

is remarkably stupid, but countless generations ago the ancestors of the hens, in Asia, had learned to manage themselves in typhoons from the Indian Ocean.

Instinct is hereditary intelligence. It is instructive that there are already evidences that hens are becoming more rational, with reference to automobiles. In time they will transmit a new instinct, to unborn chicks.

Will establish new paths of greatest ease and least resistance, of hereditary sort.

We must conceive that the young of a species bring their outfits of well opened sheep tracks at birth, that others are very early developed. Occasionally, individuals thus develop certain peculiar aptitudes, certain cerebral sheep tracks not usually formed, such as those persons in whom sounds have their appropriate colors or certain persons seem to them to be associated with individual colors. An instance of the infinite possibility of tracks of association between all parts of the cortex.

We say of the hens, that instinct taught them the life-saving attitude. Instinct is as good a name as any for the congenital development of certain tracks of communication, between motor and sensory cerebral centres.

The young violinist, laboriously gets his fingers upon the proper distances, on the strings and keeps his bow going.

What is he doing? He is opening up paths of greatest ease between the cerebral centres by which he perceives the notes of the score, the sounds which he makes and the motor tracks he must use.

Now note the master of the violin: His sheep tracks have been marvellously opened up and he would spoil his music hopelessly were he to think of the position of his fingers. He has become as truly instinctive as the hens.

Instinct is related to another term—the subconscious mind.

We, like the hens, are born with subconscious minds. As far as we can judge many animals develop nothing higher than a subconscious mind.

The higher animals, including ourselves, manifest something additional, something superimposed, a conscious mind.

Now note! As soon as we use this conscious mind, with increasing ease and skill, the sub-

*Read before the Wayne County Medical Society, Dec. 3, 1917.

conscious mind, presently, takes charge of the conscious mind's labored acquisition.

Our subconscious minds do the most perfect work of which we are capable and constitute the core of our mentality.

In the Saturday Evening Post of Oct. 20th, 1917, Mr. O'Higgins, in an excellent presentation of the subconscious mind (under the title "Our Other Self") says this:

"What science cannot yet tell is: How to use? How to control? How to take advantage of these subconscious faculties that are so powerful and important?"

Until I had the good fortune to read "Tics and Their Treatment, by Meige and Feindel" I had thrown up my hands, at the treatment of ties but these authors make clear the great and fundamental basis of all tics: *All tics are conscious acts, in their beginning* and the victim, in his efforts to conquer one tic, is liable to form others, associated tics, but always these are also conscious at first.

Now the persistence of a tic opens up a new cerebral sheep track. The conscious act becomes subconscious; like the violinist's fingering. Notice this: The violinist can make himself play badly as *long as he keeps his mind upon the mechanism of playing* but once let him again "forget himself" let him "play" and all his power of expression shows.

The subject of a tic can restrain his movements, for a time, by "putting his mind on it" but once he "lets go" away go the movements.

It is of no use to scold him, no use to adopt mechanical devices (as so many do). His subconscious mind uses the well worn sheep tracks. In short, we cannot cure a tic by any appeal to the conscious mind.

Nevertheless he can be cured and *that by his subconscious mind*. Within limits, we "can use, can control and can take advantage of the subconscious faculties" and that by auto suggestion.

Here are three stories:

When I was a lad, the talk about the breakfast table was about a theatre panic; folks trampled to death trying to escape. I said "Well, if ever I'm in such a panic, I will sit still." This roused my parents, brothers and sisters to great hilarity and, being of a somewhat obstinate disposition, I heatedly insisted that that was precisely what I would do. Thereafter, for years, any

little evidence of a cocky disposition on my part brought the recurring gibe, "Oh yes, David's the boy who is going to sit still in a panic" and just as resolutely, I bucked up with "Yes, that's just what I will do."

Later, when I was a student in New York, I was in a panic: 2,000 people, an explosion! Scared? Yes; so scared that I was dazed but when I "came to" I found myself, the only one in the place, *sitting in my seat*.

My subconscious mind had been drilled, educated by the frequently and strongly determined will to sit and had *held me in my seat*.

I sent a copy of the next morning's paper to my folks and said "I sat still."

The second story is this:

A fine capable business man was brought to me, hopeless and in tears and despair, on account of a furious tic, by which he twisted his head as far around, as his neck could let him and very extreme facial distortions.

For months, he had been a practically ostracized man, never appeared in public, had eaten his meals alone in his room, business abandoned, thing going on constantly. I said "You can be cured but I can't cure you: You shall cure yourself. All I can do is to superintend your re-education."

I then told him my "Panic story," explained the nature of his subconscious mind and told him this:

"Every time your head twists let it twist and give up all your useless devices to prevent it twisting. It can't twist off! Let it twist, but every time *say to yourself* (which is as much as sending an order to the subconscious mind) 'I won't let myself do it.' Say it hard! Mean it! Don't worry because it still twists. You are not trying to stop today's twist. You are training your subconscious mind to take hold of you later."

Frankly, no religious exhorter ever had a harder or longer wrestle with some sinner "coming through" than I had, for some months but the man won out. Won out so completely, that, when he had recovered, his partner, who had been carrying the entire business, broke down and was off duty for five months, during which time, my patient carried on the entire business, alone and *never a tic*.

The essence of cure lies in this: The patient

must, first of all, cut out all devices to prevent the tic. Let it go. Be content to let it go for the present. Must understand the relation of his subconscious mind to his conduct and then put his best will power into constant autosuggestion. The highest function of the mind is self control! Self control is the education of the subconscious mind by the conscious will. The subconscious mind opened up certain sheep tracks when the tic habit was formed but the will can open up controlling paths to restrain the first. Repetition is the method.

One more case:

A young married woman came to me in this shape: She had a similar torticollis tic; so incessant that she could wear no hat but had a little shawl over her head. Rode on the street car and walked on the street with one hand grasping her chin and the other arm encircled her head around the shawl and, thus, forced her face to the front.

She was of a much less intellectual type than the gentleman already described, but the same

plan worked equally well. I particularly mention this case because, a few months later, her sister turned up, with precisely the same phenomenon and went through the same course.

Nothing could better show the imitative and voluntary nature of the performance.

I believe that the principle of insistent education of the subconscious mind has a range of utility far outside of these motor tics. That we are only beginning the uses of suggestion, but a conquered tic is a sort of visible demonstration of the efficacy of the principle.

The plan works. The physician's part is to strongly, steadfastly hold the patient to his job.

The plan will work with children old enough to understand. It will not work with young or old who do not regard the tic as worth the sustained effort. The boy who said, of the multiplication table, "I don't think it was worth while to go through so much to learn so little." never became a mathematician.

32 Adams Ave., W.

AMERICAN VERONAL.

In the Trading with the Enemy Act recently passed by Congress, provision was made for the licensing of American manufacturers by the Federal Trade Commission to produce articles and substances patented in this country by enemy aliens. Already a number of chemical manufacturers have taken advantage of this provision, among them The Abbott Laboratories of Chicago, which has applied for and secured a license for the manufacture of Veronal, which, however, will be known hereafter by the name Barbitol. This is the official name given it by the Federal Trade Commission, and this name must be used as the principal title by every firm manufacturing it under license from our Government.

The Abbott Laboratories have already begun the manufacture of Barbitol (formerly known as Veronal), and we understand that in short time it expects to have an abundant supply of this well known hypnotic, and that it will be made generally available through the trade. The quality of the product is guaranteed. Indeed, before a license is granted for the manufacture of any of these patented synthetics in the United States, the product must be submitted to rigid investigation at the hands of a chemist designated by the Federal Trade Commission. In this way Americans are assured of supplies of the American-made products at reasonable prices, and the manufacture of fine American chemicals is given the stimulus which it requires.

Those interested are urged to communicate with The Abbott Laboratories, Chicago.

PROPAGANDA FOR REFORM.

Salvarsan Manufacture Authorized in U. S.—The Federal Trade Commission has granted orders for licenses to three firms to manufacture and sell arsphenamine, the product heretofore known under the trade name of salvarsan, patent rights to which have been held by German subjects. Provided conditions of the license are accepted by the firms, the following will be authorized to make and sell arsphenamine: Dermatological Research Laboratories of Philadelphia; Takamine Laboratory, Inc., of New York, and Herman A. Metz Laboratory at New York. The license stipulates that the name arsphenamine be used in connection with the trade name, that the product must be submitted to the U. S. Public Health Service for examination before sale, and reserves the right to fix the price (*Jour. A.M.A.*, Dec. 8, 1917, p. 1989).

The Carrel-Dakin Wound Treatment.—From observations of the results of the treatment of wounds by the Carrel method, Wm. H. Welch is convinced that Carrel deserves credit for calling the attention of surgeons to the possibility of the sterilization of infected wounds by chemical means. The Carrel method actually accomplishes sterilization sufficiently for surgical purposes. The destruction of surface bacteria without injury to the body tissues is of primary importance (*Jour. A.M.A.*, Dec. 8, 1917, p. 1994).

The Journal

OF THE

Michigan State Medical Society

ISSUED MONTHLY UNDER THE DIRECTION OF THE COUNCIL

Arthur M. Hume, Chairman.....Owosso
 Guy L. Kiefer.....Detroit
 W. J. Kay.....Lapeer
 W. J. DuBois.....Grand Rapids

EDITOR

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All communications relative to exchanges, books for review, manuscripts, news, advertising, and subscription are to be addressed to Frederick C. Warnshuis, M.D., Powers Theatre Building, Grand Rapids, Mich.

The Society does not hold itself responsible for opinions expressed in original papers, discussions, communications, or advertisements.

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February

Editorials

ANNUAL MEETING

Place: Battle Creek.

Time: May 7-8-9.

Host: Calhoun County Medical Society.

Program: One of the best.

Features: No one can afford to miss them.

Attendance: The largest.

THE ABUSE OF THE INDUCTIVE METHOD OF INVESTIGATION.

A great deal of medical literature is being printed of late which the active practitioner is justified in passing up as unworthy of his attention. We do not refer to any lack of originality nor to carelessness. What we have observed to be a prevailing tendency in the leading medical journals of our country is to assume that because certain opinions are backed by an abundance of tabulated statistics or frequent references to a large bibliography they must necessarily be correct.

As an example of this lacidose acceptance of conceptions based on poorly selected data (or rather data which has not the least claim to be

considered select in any meaning of the term implying mental effort) instead of conceptions deduced by a careful consideration of the primary facts and all the relationship and significance of these facts; we have in mind an abstract that we saw not long ago on an article discussing the results of 500 tonsillectomies. In the course of this article the writer states that such and such a number showed improvement of general symptoms, another percentage had improved hearing and so on through the whole list of the benefits known to be obtained from the operation. What in the name of common sense is the use of such wearying verbiage? Does it prove anything at all except that tonsillectomy does good in some cases? Suppose 10 per cent. or 90 per cent. showed improvement in hearing, would we be any more careful or careless in deciding in what cases of impaired hearing we would do tonsillectomy and what ones we would not? Would it not have been extremely more enlightening to have investigated in just a few of these 500, in just one perhaps, why improvement did or did not occur?

This is not an isolated instance of where mechanically compiled statistics are employed to take the place of searching observation and discriminating judgment of the conditions discovered. It is a characteristically German method where time and material are cheap but imagination and ingenuity rare. None of the initiated would think of selecting a surgeon because of his mortality statistics. Like all statistics they are only half-truths.

It would not be difficult to prove that modern science owes more to the sagacious deduction of cause and effect from single experiences than it does to the careless inspection and classification of a great many experiences. The law of gravitation was discovered when Newton saw the apple fall and thought. Beaumont, in studying a single case did more to advance the knowledge of physiology than thousands of experiments with the electro-cardiogram have done. Benjamin Franklin sent up a kite and discovered the nature of lightning.

We yearn for new and better ideas but we

believe that rushing into print with meaningless case records and other data, the only merit of which is quantity, should be discouraged.

THE AMERICAN COLLEGE OF PHYSICIANS.

The American Congress on Internal Medicine was incorporated under the laws of the State of New York, February 2, 1915. The object of the congress is to promote the advancement of the science and practice of medicine, to further the study of biological medicine among its members, to elevate the standard of preliminary education of physicians and the standing of medical education, and secure enactment of just medical laws by the State and Federal Governments and of a Federal Law providing for a national medical license, to obtain the establishment of a National Board of Health, to promote friendly intercourse among physicians, to enlighten and direct public opinion in regard to the great problems of health and medicine, and to unite those working in the domain of internal medicine, to secure recognition for the term internist as the proper designation for such workers and to obtain proper scientific and material recognition of their work.

The Congress is affiliated with the American Association for the Advancement of Science.

Any qualified physician engaged in the general or special practice of internal medicine or in laboratory research pertaining to it, may be proposed for fellowship.

The American College of Physicians is part of the American Congress on Internal Medicine. Through its council, it admits to its fellowship by election, those recommended by the council of the American Congress on Internal Medicine from among its members. The membership in the college is restricted to those whose practice is generally in the field of internal medicine or especially in the recognized departments of the same.

Any fellow of the American Congress on Internal Medicine who has been in actual prac-

tice of his profession for not less than ten years shall be eligible for election to membership in the college.

Election to the College shall be made on recommendation of the Council of the Congress and concurrence therein by the Council of the College, and shall be based on the ground of special meritorious services rendered to the science and practice of medicine by the candidate for election.

Fellowship in the American College of Physicians has been safeguarded, so far as human foresight can go, and it is intended to be reserved for doctors of medicine who have achieved eminence in the field of internal medicine as practitioners and consultants, as investigators and scientists, and as authors and teachers. It is intended that fellowship in the American College of Physicians shall mean that its possessor has attained eminence in, and is an authority upon some of its recognized subdivisions. "No one has reached a position of conceded eminence in his profession unless it is made to appear that he is deeply and broadly educated, that he has made some substantial contribution to the literature of the medical profession, and that he has been entirely related to some phase of medical practice for a sufficient time to cause him to be widely recognized by intelligent members of the medical profession, as well as by a considerable number of people who have occasion to be interested in the services which that profession renders the people." The phase which concerns the college is internal medicine. "Authority in the medical profession is not acquired through a medical education that is only ordinary and a practice that is merely usual; eminence in the profession can be acquired only through the assiduous prosecution of medical practice for a considerable time, and through some special work, that has laid the profession under some obligation to the practitioner." Eminence and authority, as used in this connection, must be given a substantial and significant meaning.

Editorial Comments

If you have any war correspondence from members in active service please send it for publication because we find that many of our readers are extremely interested in every medical feature of war service. Especially do we solicit letters from members "Overseas."

We have refrained for two or three months commenting upon our advertisers or the need of our members and readers patronizing our advertisers. We dislike continually harping on the subject. Nevertheless we want to impress you once more with the necessity of patronizing the firms who are making your *Journal* possible. Please remember them at all times and buy from them every time—give them your preference.

Once more—your 1918 dues are payable now. Please pay them to your County Secretary promptly and avoid liability of being suspended.

The intimation has reached us that there is a movement afoot to abolish the State Boards of Medicine, Dentistry, Pharmacy, Barbers, etc. and combine their administrative activity under the State Board of Health. We are not informed as to who are fostering such a scheme or its political portent. We hope to learn the details and impart them to our readers.

A soldier with but one shot left in his rifle found himself between two dangers that threatened his life while he was on the outer posts. Of course he was an Irishman. In front of him was a boche and behind him a charging bull. In telling of his predicament later he stated that he used his one bullet to kill the boche for he said: "He could shoot the bull anytime." Probably if a few would annihilate

the "bull" we might be relieved of a considerable of the braggadocio that is becoming predominant in many circles and individuals.

If the Program Committee that is preparing the program for our annual meeting requests your cooperation do not hesitate or decline. We want every member to do his best to make this one of our most successful meetings in point of scientific value as well as attendance.

Yes, it was some storm, some cold and some snow. Probably you were prevented from attending the last meeting of your local Society. If so make up for it by letting nothing interfere with your next meeting and also take some part in the program.

Why wait? Better pay your 1918 dues now and prevent possibility of lapsed membership and loss of medical protection.

The fact that alcohol is no longer being produced and druggists are refraining from selling the supply they have on hand is necessitating its discontinuance in the practice of medicine and surgery. We welcome our members imparting for publication how they are adapting themselves to this conditions. What are you using for "Back Rubs," sprains, lotions and how have you supplanted it in surgery? All our readers will welcome your suggestions. "Let's have them."

Your Editor has served in office for five years on the mailing of this issue. Sixty numbers of *The Journal* have been published under our direction and in every one of those issues we have sought to cause them to contain articles of interest and instruction to every member. Likewise have we sought to impress upon every reader the value to him of active participation in Society work and to realize that his county and state society membership was and is one

of his greatest aids to professional success. We endeavored to instill in our members society loyalty and to arouse organizational enthusiasm. Personally, we have not appraised the results of such effort—we are leaving that to each member. What we want to do is to again solicit your suggestions and urge renewal of your support so that our progress may not want. This year is going to require extra effort on the part of everyone. May we not be found wanting.

THE WAR'S RECOMPENSE.

Ye that have faith to look with fearless eyes
Beyond the tragedy of a world at strife,
And know that out of death and night shall rise
The dawn of ampler life;
Rejoice, whatever anguish rend the heart,
That God has given you a priceless dower,
To live in these great times and have your part
In Freedom's crowning hour.
That ye may tell your sons who see the light
High in the Heavens—their heritage to take—
"I saw the Powers of Darkness put to flight,
I saw the Morning Break."

—Red Cross Magazine.

President Biddle has appointed the following members to fill the vacancies in Section Officers occasioned by incumbents having departed for active service:

Medicine—W. J. Wilson, Detroit, Secretary.

Ophthalmology-Oto-Laryngology—Ferris N. Smith, Secretary.

There is no question but what the program will be of exceptional interest and value. The Scientific Committee met in Detroit on January 23, and having outlined a program they are now actively at work seeking to perfect it in every detail.

Camp Custer, being located at our place of meeting, arrangements are under way to make a visit and inspection of the cantonment, one of the features of the meeting.

There is no question in our minds but what we will have a most successful annual session. Put down the dates, May 7, 8 and 9th, and plan

now to attend. Make your hotel reservations early. More details will be imparted in our next issue.

We, as professional men, may say that our object is to serve humanity. Nevertheless every service involving the payment of money is a business transaction, at least is so considered by our patients, and unless we apply ourselves more to the business side of this transaction and forget the illusion that it is unprofessional to consider proper remuneration for our service, our combat with the increased high cost of living in the future may end in a business failure.—Dr. E. A. Schmuck.

If you are alive, it's news; tell us about it.
If you are dead, it's news; tell us about it.
But if you are just standing still and letting time and tide pass by, without making an effort to grasp, hold and improve a precious moment or a golden opportunity, it's not news, you are just one of that vast majority of whom one never hears.

How would it be to get out of the rut?

The severe storm and railroad blockade necessitated postponement of the Council meeting on January 16th. The meeting was held January 23d. A full report will be published in our next issue.

No doubt you may have seen the several notices, under "General News" in the *Journal A.M.A.* in several recent issues, entitled "Once more a warning." These refer to swindlers operating in different sections of the country, various letters having been received from victims in Ohio, Colorado and other widely separated states. Now comes a letter from the well-known publishing house of W. B. Saunders Co. of Philadelphia, saying a man under the name of E. T. Rogers, claiming to represent the University Progressive Club of Cincinnati, for medical and other journals, has been victimizing physicians in Illinois; and the same subscription swindlers, or another under

the name of Robert Wayne, has been relieving physicians of their well earned cash in the region of Gary, Ind. It is believed there is concerted action, perhaps by an organized band, being taken at this time of the year, to victimize physicians on so-called "subscription" schemes. Every physician should decline to pay any money by check, or otherwise, to subscription agents not personally known to him, or for whom other physicians can not vouch. Many of these so-called agents operate under the guise of students "working their way through college."

There are being conducted by the Red Cross Chapters classes in Home Nursing, Dietetics and First Aid. Enrollment in these classes consist of good-hearted, earnest lay women who are preparing themselves to be of at least some aid should the emergency arise. Recently we went over some of the examination papers and have selected the following answers as imparting a light upon how the subject has been grasped:

Q. Describe the spine?

A. The spine is a long bone running the entire length of the body and is very dangerous.

Q. Describe how you would prepare a Sitz-bath?

A. Fill the bath tub half full of water and put in as much "Sitz" as the doctor orders.

Another gave the answer:

A. A Sitz-bath is taken in a cup of water and is used to relieve conjection.

Q. What is hypodermoclysis?

A. It's a chest enema.

Q. What is vermin?

A. An insect usually formed on a cat and is very dangerous to have around the house.

("Tonics and Sedatives" A.M.A. please copy).

If this war does nothing more than to arouse the public to the danger as well as economic loss of venereal infection it will have been a valuable war and a cheap war at any price. Thus did one authority express himself upon the subject. A recent work for lay people, "The Third Black Plague" by a member of the Mayo staff, imparts that syphilis is present in one out of every ten men. That there are in the neighborhood of 4,000,000 syphilitics in the United States.

The profession has long known the extent

and ravages of syphilis. On the whole the profession does not require much enlightenment on the subject. The great need is the acquainting the public with facts regarding venereal disease in order that they may fully realize its dangers and their co-operation be thus secured. Then and only then may we expect progress in limiting its spread and its eradication in future generations.

Our State Board of Health is doing splendid pioneer work in this line and its efforts merit naught but heartiest co-operation. True, they are following a hither untrod path and maybe we do not all understand their methods, they may make errors, they may seem to impose on personal rights but let us forget that in view of the ends sought and subscribe our heartiest co-operation.

Major W. T. Dodge, Medical Officers Reserve Corp—thus reads the commission received by the doctor the first of the year. A few years over the age limit but possessed of experience in army methods by reason of his years of service with our state troops, the department has secured a valuable, efficient officer.

Correspondence

REPORTING OF ACCIDENTS FROM LOCAL ANESTHETICS.

To the Editor:

The Committee on Therapeutic Research of the Council on Pharmacy and Chemistry of the American Medical Association has undertaken a study of the accidents following the clinical use of local anesthetics, especially those following ordinary therapeutic doses. It is hoped that this study may lead to a better understanding of the cause of such accidents, and consequently to methods of avoiding them, or, at least, of treating them successfully when they occur.

It is becoming apparent that several of the local anesthetics, if not all of those in general use, are prone to cause death or symptoms of severe poisoning in a small percentage of those cases in which the dose used has been hitherto considered quite safe.

The infrequent occurrence of these accidents and their production by relatively small doses point to

a peculiar hypersensitiveness on the part of those in whom the accidents occur. The data necessary for a study of these accidents are at present wholly insufficient, especially since the symptoms described in most of the cases are quite different from those commonly observed in animals even after the administration of toxic, but not fatal, doses.

Such accidents are seldom reported in detail in the medical literature, partly because physicians and dentists fear that they may be held to blame should they report them, partly, perhaps, because they have failed to appreciate the importance of the matter from the standpoint of the protection of the public.

It is evident that a broader view should prevail, and that physicians should be informed regarding the conditions under which such accidents occur in order that they may be avoided. It is also evident that the best protection against such unjust accusations, and the best means of preventing such accidents consist in the publication of careful detailed records when they have occurred, with the attending circumstances. These should be reported in the medical or dental journals when possible; but when, for any reason, this seems undesirable, a confidential report may be filed with Dr. R. A. Hatcher, 414 East Twenty-Sixth Street, New York City, who has been appointed by the Committee to collect this information.

If desired, such reports will be considered strictly confidential so far as the name of the patient and that of the medical attendant are concerned and such information will be used solely as a means of studying the problem of toxicity of this class of agents, unless permission is given to use the name.

All available facts, both public and private, should be included in these reports, but the following data are especially to be desired in those cases in which more detailed reports cannot be made:

The age, sex, and general history of the patient should be given in as great detail as possible. The state of the nervous system appears to be of especial importance. The dosage employed should be stated as accurately as possible; also the concentration of the solution employed, the site of the injection (whether intramuscular, perineural or strictly subcutaneous), and whether applied to the mouth, nose, or other part of the body. The possibility of an injection having been made into a small vein during intramuscular injection or into the gums should be considered. In such cases the action begins almost at once, that is, within a few seconds.

The previous condition of the heart and respiration should be reported if possible; and, of course, the effects of the drug on the heart and respiration, as well as the duration of the symptoms, should be

recorded. If antidotes are employed, their nature and dosage should be stated, together with the character and time of appearance of the effects induced by the antidotes. It is important to state whether antidotes were administered orally, or by subcutaneous, intramuscular or intravenous injection, and the concentration in which such antidotes were used.

While such detailed information, together with any other available data, are desirable, it is not to be understood that the inability to supply such details should prevent the publication of reports of poisoning, however meager the data, so long as accuracy is observed.

The committee urges on all anesthetists, surgeons, physicians and dentists the making of such reports as a public duty; it asks that they read this appeal with especial attention of the character of observations desired.

TORALD SOLLMANN, Chairman,
R. A. HATCHER, Special Referee,

Therapeutic Research Committee of the Council
on Pharmacy and Chemistry of the American Medical Association.

Denver, Colo., December 18, 1917.

Dr. F. C. Warnshuis, Grand Rapids, Mich.

Dear Dr. Warnshuis:

Beginning with January, 1918, there will be published a new monthly ophthalmic journal, the *American Journal of Ophthalmology*, merging:

The American Journal of Ophthalmology.

The Annals of Ophthalmology.

The Ophthalmic Record.

Ophthalmology.

The Ophthalmic Year Book.

Ophthalmic Literature.

The Anales de Oftalmologia.

The new journal will have a broad basis of Editorial support, a large number of writers of original papers, and trained workers for the review department. The yearly subscription price will be ten dollars.

We would be glad to exchange with the *Journal of the Michigan State Medical Society*.

If you desire such an exchange, beginning with the first number, please inform me at as early a date as possible.

Cordially yours,

EDWARD JACKSON.

LETTERS FROM OUR BOYS.

December 4, 1917.

Editor War Bulletin:

My Dear Doctor:

Your request made long since for details of med-

ical work at the front has not been forgotten. Time and opportunity have thus far not permitted. I can only speak of my own work, and some interesting details will have to be omitted on account of censorship regulations.

We are located in a large French heavy artillery camp which was projected before the war and has since been hurriedly constructed to a capacity of about twenty-four thousand. The buildings constructed before the war are permanent and those constructed since, temporary. We are located not many miles from the front on ground that was fought over during the Battle of the Marne, and since, and my quarters at present are in a large concrete building that still shows shell holes in its north end. The farming country north and east of our headquarters is dotted with blue, white and black crosses, erected over graves of the invaders and the French heroes of the Marne.

The period of the war for the French has been sufficiently long to enable them to become well organized. I have had abundant opportunities to observe artillery, gas and air work of the French, and find myself wondering at the completeness of their organization and attention to details. The completeness of their camouflage for everything conceivable in the war zone is to be noted.

My work is of much interest. Our battalions or artillery groups are widely separated, and my visits thereto take me to many interesting sections of France. En route to battalions I have had opportunity to visit villages and cities that have become historic in this war, such as Meaux, Beavais, Senlis, Rheims, Mailly, Paris, and many others. These visits of inspection are made in motor cars, singly and in train, with either motors or ambulances, and may be during day or night, frequently the latter. Traveling in a line with a string of motor cars or ambulances at night is highly interesting. The French villages are often only separated from three to four kilometers, and are forbidden to have lights at night, and the houses have the shutters closed. The streets in these villages are like Chinese puzzles, and if you can roll out at the right side of the village you are lucky. Pocket flashlights are our sole dependence in getting about, as they enable us to read our maps and the road signs. I have covered several thousand miles in these trips, and you can imagine that I have stored away some interesting stories. Much of this country visited is beautiful, some of it, particularly Senlis and Rheims, has been so ruined by the invaders that the outline is melancholy beyond expression. Paris is still the capital of the world, and most of France is still the sunny France of old.

The recuperative power of the French in all lines is amazing, and we must take off our hats to them

in this fight for democracy. Their efficiency in air work and gas work is little known in the States. The latter especially being wonderfully developed.

I am daily busy at our headquarters with inspections, sick calls and preparation for still greater activity, which necessarily goes with an artillery formation of this character.

I trust that you are well and that you will have the kindness to remember me to our many dear friends.

Sincerely yours,

W. L. BABCOCK,

Major, M. R. C.

6th Regiment, Coast Artillery Corps,
American Expeditionary Force, France.

(We owe the following highly interesting letter from Capt. W. W. Manton, to the thoughtful courtesy of Dr. W. P. Manton.)

Excerpts from a letter:

November 16, 1917.

It is disgusting to hear in a letter dated the middle of September, that not one of my letters have arrived. I've written a dozen or more and received just a half dozen since I've been here. In this great town, without a car, busy as I am on Government work, getting to other things is very slow. I got orders about seven weeks ago to leave my station at ———, and join an expedition at the front more or less already established in an old chateau near ———. We found the situation delightful at the chateau, for everything but military surgery. In that line there was no action. The advance had been so great during the past year that the place was too far back. However, we had to stay there for a couple of weeks in the kind interest of our patron, a wealthy American woman. The place was near a French training camp, and it was here that I took the pictures of the embryo soldiers in the trench, throwing the hand grenade, and also the picture of the grenade explosion. I was billeted in the town with a poor little old woman, who served me bread and butter and coffee in the morning for breakfast, in addition. The rest of time we ate dirty food in a dirty tavern at four francs a throw. At night we drank cheap wine to keep warm. Meantime the commander of the expedition, taking matters in his own hands, arranged with the French General of the ——— Army Medical Corps to take us in during a drive. We went, nurses and all. And throughout the entire program the nurses behaved beautifully. The French surgeons were short handed and we were heartily welcomed. The first ambulance (hospital) was a wonder. Built of canvas, it depended entirely for its electrical supply for X-ray and light upon truck generators, backed up to the central tents. The tents were constructed in two layers, which facilitated ventilation, and were kept dry and warm

with small coal stoves. Unquestionably the most comfortable quarters I've struck in France, excepting only the University Club, and my present quarters. Each surgical team messed with its alternates in the same operating room, and our relations with the French complement immediately became close and interesting. The food was delicious, even though prepared in an old shell-riddled barn upon an improvised brick stove. Even the angleworms in our salad and the flies in our wine—or rather, red ink—didn't bother us much after we'd learned how to avoid eating them. It is surprising how well we were soon able to understand the French and they us. When we couldn't get along any other way we spoke German. Every night there were songs and clogs and hilarities of all sorts. A jolly bunch of fellows, those Frenchmen. One was the health officer of —, another a prominent gynecologist of Paris. We have dined with him in Paris since. His wife is very nice. Over our heads during the day, there is generally a flock of observation balloons—captive sausages. We noticed that every day or two the Boche aviators would come over and poke a hole in one exactly at noon. This rather peeved Walter Vaughan and me. It necessitated the poor devils in the basket dropping down in a parachute at a considerable risk. Also exposed them to the machine gun in the Boche plane. We asked the doctors why the French aviators, of which there were at other times a dozen about, didn't protect their sausages. And the doctors replied, whimsically, "Oh, how can they, the aviators are having their lunch." This is really true. Can you beat it?

The Boche always shelled —, which is behind us, night and morning, and also a wagon-supply road and railroad intersection, which was about 300 yards away, between us and their lines. In other words, they were shooting over us, and just ahead of us. Hence we all thanked the Lord that the Germans maintained their customary precision in loading their shells, for an ounce less or an ounce more of powder in any one shell would have turned our ambulance into an awful nasty mess. As it was, it was less dangerous than crossing Woodward Avenue, Detroit, Michigan, U. S. A.

Well, we stuck around this place for a couple of weeks, watching the French pile up munitions for a drive. Every hour overhead there were air flights, and the anti-aircraft guns, which never hit anything, kept pretty busy, too. They are more dangerous than the enemy's planes, because the shrapnel, and especially the heavy shrapnel containers, come down with that old-fashioned dull and sickening thud, and bury themselves three feet in the ground.

Twice a week we'd go to — to get a hot bath and some ham and eggs. And each time we visited

the bath house we'd find the place would have one more room knocked off. At last we were bathing two in a room. That poor room was surely overworked, and a bath in the same tub after a poilu just out of the trenches was a poor apology. Other days we'd visit trenches just evacuated by the Germans. Apparently the enemy were good sports, for the entrance to most of their underground quarters were cleverly hidden under empty champagne bottles. Apparently they were religious, too, for I succeeded in retrieving a chromo of Jesus Christ from one of the walls. They had laid out beautiful drainage systems through the hills, and had constructed splendid shower-bath platforms from tiles swiped from this and that demolished chateau. One entered some of the dug-outs (abri) by means of marble steps—also purloined.

The drive, when it came, lasted about three days. During that time we worked about twenty hours out of twenty-four, spending the rest of the time eating. For the meals were always regular, complete, and enjoyable throughout it all. Such is the French system. Only five miles from the battlefield, we were able to operate on our men within five or six hours after they were wounded. Hence the results in general were excellent. In short, we had practically no sepsis, because we got the men promptly after their first aid dressing—put on usually by a comrade in the trench. The men came in in ambulances, were bathed, the missile was located by the X-ray and we removed it.

The day after the territory was won we took a trip over the ground. The French fire had been frightful. They sent over 460,000 rounds to the enemy's 90,000. This was prettily demonstrated because, on the territory where the German fire fell there were rare grass plots between the shell holes, while on the areas which the French were shelling, there was nothing but the holes in clay with the rims between—no green in evidence. Trenches obliterated, everything buried except in rare spots where the snout of an abandoned tank lifted itself into the cold, gray air, or a dead man lay curled up over his less than six feet of earth. Two of us stumbled onto the town of —, of which not one stone was left upon another. The town just clean flat with the ground. The enemy was shelling this territory ferociously, because the French were bringing up their artillery over the remains of two roads. We had on our steel caps, which protected our heads from small shell fragments. Also we soon learned when a shell was coming towards us, in which case we dropped to the ground to avoid kick-ups from the near explosions. There was no chance of being hit, for a direct hit is the rarest thing in the world.

I got a number of empty brass shells and a couple of Boche helmets, some of which junk I'll try and send home. When we got back to the Ford Ambulance—here I take off my hat to that great little machine—we found that that portion of the road was being shelled and that our friends were taking refuge in a trench. So we got out as quickly as we could.

A few days later we left for Paris. I hated the idea of returning to my station in ——. 'Twas cold and damp there, and there was nothing to do. So I stepped into headquarters on the way down to see if I couldn't be sent up with the British or down with the Italians. The minute I entered Colonel Ireland's office, he jumped up and said, "Why, we've just been talking about you." And I said to myself, "What the deuce is up—have I committed some crime or broken some military rule?" But the colonel promptly bounced me in before General Bradley, who immediately told me that I was to be the goat on a job. It seems that Mrs. Whitelaw Reid is fitting out a small hospital for American officers, and turning it over to the Government. It is situated in the Latin Quarter in Paris, and her right-hand lady, with power of attorney, is getting the place ready, and getting it ready right. The best operating outfit, the best X-ray machine, the best rooms, the best quarters, plenty of heat and hot water, the best food are being accumulated for this enterprise of sixty beds.

The General thereupon gave me a lecture on tact and on patience, and the Colonel looked me over from head to foot and complimented me on my clothes and boots. Fortunately, the boots were high and English, and had been assiduously polished before appearing at headquarters. In short, they told me that I was the commanding officer of the hospital, and to go ahead and do what I could with it. So here I am in Paris, with two or three lieutenant assistants, a flock of nurses, a corps of enlisted men, with a real institution on my hands, at the tender mercies of an illustrious patron, and the Government, situated in the midst of the great French Hospital, Educational, Art, Science and Letters district—for the winter. I'd like it if I didn't feel more like going to the front. I'm ashamed to admit that I'm one of those fools (or liars) who actually likes the boom—s—s—ra—s BOOM. The start of the dammed thing, the sharp clatter over its fifteen-mile trip through the air like an express train, violent and invisible, and its tremendous wreck at the finish is fascinating.

However, I shall remain in Paris, attend the clinics, study French, and do some work—if we get any patients.

"Orders is orders," and perhaps I'm more useful

here than anywhere else—or useless. That's for them to find out.

Meantime, I'm working hard to get the hospital into shape.

W. W. MANTON, Captain, M. R. C.

(Dr. Wesley Taylor has been kind enough to give us this letter, which we know will interest everyone, from Major "Bill.")

November 2, 1917.

Dear Wesley:

I am enclosing my check for \$5.00 toward the assessment of the Patriotic Fund of the Society. I am also enclosing two little relics, which I thought might interest you—one a piece of the Zeppelin L-49, which was brought down near here last week, the other is a piece of music I found in a ruined house in Peronne. They don't amount to anything but I thought you might be interested.

I have had some most interesting trips since I've been in France. I have seen some of the British front—have been over the Somme battlefield and the country devastated by the Boche in his retreat. You cannot imagine the desolation—nothing remains—no trees, no houses—simply ruins. In two days' travel by automobile I did not see a house in hundreds of towns and villages where one could get any shelter. Even the cellars were blown up. Many villages have completely disappeared—not even a brick remains. The ground itself is torn to pieces—nothing but trenches, shell holes and mine craters. It makes you sick at heart to see it all and to imagine that the same might happen to America. Besides this I've seen active operations. We were several weeks within two miles of the front and under intermittent shell fire. Two days of this time we were at the front and received some hot strafing from the Boche. One night I saw a raid—the barrage, the many lights, the noise and all, made it a spectacle which I'll never forget. We were up nearly all night at the advanced dressing station, seeing the wounded come in.

I've also been along the French line and have seen some of their front.

The best trip of all and the most exciting was one from which we have just returned. We spent two weeks on the Italian front, on a mission, and were royally entertained by the Italian Government. We were furnished with two military automobiles, and with an Italian major as guide, we saw all three fronts under ideal conditions. Never will I forget it: Alpine scenery and war make a stupendous spectacle.

I was much surprised to see to what perfection the Italians have their medical and surgical service. Their hospitals were the best I've seen. I say "were," as within two days after we left, the Boche

had them all. Through great luck we were on the Isonzo front when the present great offensive began. We were also in great danger, though we didn't realize it at that time. Since returning I read that several of the places where we were on Oct. 24, were in the hands of the enemy that same evening. We are just commencing to get scared now and seeing how lucky we were. Words cannot describe the sight that we saw from a nearby peak—of Goritza bombarded—of a fierce battle on Mt. Gabriele. Thanks to our good fast Italian automobiles we got out safely. We also got out of Italy by the last train, catching it at Venice after a long automobile ride. The sight of all the refugees, especially women with children, was enough to make your heart sick. I have seen war in many places and assure you it is worse than you can possibly imagine.

All is well with Base Hospital No. 17. We are hard at work increasing our capacity. There is nothing much doing professionally to date. With best regards,

H. N. TORREY, Major.

November 14th, 1917.

Headquarters Ambulance Co. No. 168, 117th Sanitary Train, 42nd Division.

The only Michigan National Guard Unit in Foreign Service.

Dr. George Parmlerlee, 410 Washington Arcade, Detroit, Mich.

My Dear George:

Sorry I cannot tell you just where we are located and describe to you our picturesque and historical surroundings, but our strict censorship will not permit me to do so and, as I am my own censor, I must be doubly vigilant and not sign my name to a censored letter, which has the faintest sign of a "leak" in it, so you see one must be extremely secretive and always on his guard.

However, I can state that we are in a most picturesque and wonderful part of the continent, where centuries of history have left interesting traces on all sides. Art and sculpture, even in decay, mark almost every turn in the roads of the country and, even these very roadways show signs of the early Roman times, when Julius Caesar built his highways and led his cohorts through this same country.

It surely is inspiring to feel your feet gripping the same soil those early heroes trod and to know that the United States is given an opportunity to make new history, to fight and conquer where those valiant soldiers bled, and may leave behind her landmarks of civilization, which future generations will point to with the feeling of awe and pride we possess in viewing the relics now here.

It is also extremely inspiring, but in a very dif-

ferent way, to listen to the booming of the big guns at the front and the staccato of the deadly machine gun and the feeling is entirely different, George, from hearing them in practice at one of our summer training camps, for one cannot but know a far different thrill when he must realize that that rattle and dull thud carry death in their wake.

We passed the Harper Boys on our way in here and although they are not to be our Base, they will not be very far from us and it is a comforting feeling to know where any, of ones friends are, in this game, even though they may be fifty miles away. We had an hour's visit and a cup of refreshing coffee with them and, believe me, it was some treat to meet one's home town pals, as we met them, thousands of miles from that old home town. They are all in good health and the best of spirits and gave us loads of news from old Detroit, which was a treat to us, since we had had none for weeks.

We draw our Ford Ambulances tomorrow, so it will seem like old times to be back again on the seat of the familiar old "flivver" and all of my men are on the alert for the draw.

The men of my command are all in good form for any duty which may be assigned to them and their health is excellent, barring an occasional cold or lameness from the effects of the hard work they are doing. Every one is "rassling" with French, as there are but six natives in this entire city who speak our language and one must use theirs or go without what you want, for it is a characteristic of the native, here, to get everything but French so mixed up that you would not recognize your own photograph, after he had turned it around a couple of times.

These people wear a wooden sort of overshoe, odd clothes, have odd customs, such as walkin in the streets instead of on the narrow sidewalks, are easily excited over trifles, gesticulate very liberally with their hands, seem to delight in misunderstanding you and insist on talking French, even though they may know the one English word which would fit the situation and clear up the whole difficulty.

The French officers, who are about the city, on a short leave from the firing lines, dress in such a variety of costume that one could hardly use the term uniform at all and an interesting sight to see is one of the Poilus, who, from his habit of wearing a beard, is dubbed "the hairy one" or "Poilu"—short of stature, grim visaged but resolute, with his long gun and ever fixed bayonet, guarding a half dozen big, husky, young German prisoners who seem to need no further persuasion than an occasional glance from the "garde" to stimulate them to untiring endeavor.

All of the local work is done by these prisoners and, while I used to think what a tremendous ex-

pense a country was put to to take care of her prisoners, I now wonder how she could get along without them.

No danger of them escaping. Where could they escape to? No danger of them objecting to their treatment for it is better than they have been accustomed to at the front and "objections are overruled" any way. And so the game goes on. They do the manual labor, plow and till the country, unguarded, work at all sorts of things, even building our barracks for us, and seem quite surprised that Americans are with the French so quickly. They even accused us of being English dressed up to deceive the German and people in general.

This is a very quaint city and as it is to be our Divisional Headquarters naturally we are more interested in it than in any other part of the map. It is old, built of solid stone, has stone roads and streets. These are narrow and built up to the sidewalk but were built for the ages, one barn in which I have thirty men quartered was built in 1774 and is in perfect repair today. Many rare and costly pieces of statuary, monuments, chateau and churches, dating back to feudal days are to be found here and the customs of the people are all of about the same period.

We are billeted, which is a custom of an early period and consists in sending a squad of twenty men here and ten or fifteen there. These men sleep in lofts, barns and garrets. They are warm and dry and roomy enough to be comfortable so we have no cause for complaint at all and as the men live on U. S. supplies and rations, even to American white bread, a thing unknown to this country since the war chased it out, fresh beef and so forth, you see war is not so bad, after all that Sherman said it was.

Personally I am situated better and more comfortably than ever before on any military tour I have made. Am billeted in a big front room on a second story stone house on the main street, a regular jaw twister (No. 20 rue de Domremy) and my room has the most elaborate furniture you ever saw, even to a big, old fashioned, four combination, iron safe, two rare marble clocks, with rare chimes, a big, soft bed so high I have to take a run and jump to get into and the usual soft, downy thick covering, to keep one's feet warm and all the accompanying things which go with affluence.

Of course we do not know what hour a big "Zepp" will come along and spoil it all but in the meantime we're enjoying it.

Yours in the harness,

ROBERT J. BASKERVILLE,

Capt. M. C. N. G. U. S.

Commanding.

Our Motto
SERVICE VOLONTAIRE
et
EFFICACE

P. S.—Buck, Mc, Leckslider and Hanna send remembrances. B

Base Hospital No. 36,
American Expeditionary Forces,
December 16th, 1917.

My Dear Walter:

We are well settled in our permanent home and are delighted with our Station. Majors Shurly and Walker have just returned from a motor trip and assure us that we have the very best of all the Base Hospital locations. We will have five buildings built for summer hotels, each one of which will accommodate more patients than St. Mary's. We already have nearly five hundred cases, all medical, and in a few days will be ready for 1,500 of the 2,000 we are equipped for. This is quite a record and in contrast to some other units, which still have only between one and two hundred patients. The reason is I think that our location is right in the midst of things—we can hear the guns! A couple of days ago I motored to a city within ten miles of the front line. Their place had been shelled and we saw some ruined buildings. There was the wreck of a German plane in the Central Square, and also a bomb shelter for people to descend into as protection against hostile planes. But otherwise it is quite normal. All the stores were open and well stocked. I did some shopping and had a good inexpensive lunch at the hotel.

Preston Hickey is visiting us today, inspecting our X-ray plant. He has been detached from Harper and is in the Chief Surgeon's office in charge of all X-ray work, taking Case's place who has gone back home. Both the Vaughan boys are not far away, attached to the Roosevelt Unit, but I have not seen them yet. Walter Manton is in charge of a small hospital for officers in Paris, and Henry Carstens is going to help him.

Everyone is working top speed but it is most interesting and very profitable. I mean in the sense that you are doing something for the soldiers. The poor fellows are tremendously grateful—quite a contrast from some civilian patients, and there is where the profit is.

The Red Cross and the Y. M. C. A. are doing noble work here, the Red Cross fits all kinds of recreation Stations and the Y. M. C. A. runs them. Our enlisted men and convalescent patients profit greatly—morally frequently. Personally I am very well.

Very sincerely,
THEODORE A. MCGRAW, JR.
Capt. M. O. R. C., Adjutant.

Letter to Walter J. Wilson, Jr.

Dr. Andrew P. Biddle,
Detroit, Mich.

My Dear Andrew:

Enclosed find copy of letter from Chief Surgeon American Expeditionary, France, thanking Committee for its report.

The report covered—the foundation of Station hospitals, station ambulance service and transportation by teleferics (wire), we describe the special hospitals—for special lines of work—their preventive medicine by giving sera, prison camps, diet, infections and method of preparing food. We also described their method of treating infections, trench feet and cholera. I thought this would do for the *State Medical Journal*. I will send copy of report later.

Yours truly,

ANGUS McLEAN.

From Chief Surgeon, A. E. F.

To Major Angus McLean, M. R. C. Base Hospital
No. 17.

Subject—Report of Committee on observations while
with the Italian Army.

1. The Chief Surgeon instructs me to acknowledge the receipt with thanks, of the excellent report rendered by your committee on observation while with the Italian Army.

2. In a visit to this office to-day, Lieut. B. H. Larsson, Secretary, asked if there was any objection to sending a copy of this report to certain Italian authorities. The Chief Surgeon has no objections. Will you please notify Lieut. Larsson?

M. W. IRELAND,

Colonel, Medical Corps.

Committee.

Major Angus McLean.

Major Geo. E. McKean.

Major H. N. Torrey.

Capt. James W. Inches.

Lieut. B. H. Larsson.

Washington, January 17, 1918.

Navy's call for binoculars, spyglasses and telescopes:
"The Eyes of the Navy."

Dear Sir:

The Navy is still in urgent need of binoculars, spy-glasses and telescopes. The use of the submarine has so changed naval warfare that more "eyes" are needed on every ship, in order that a constant and efficient lookout may be maintained. Sextants and chronometers are also urgently required.

Heretofore, the United States has been obliged to rely almost entirely upon foreign countries for its supply of such articles. These channels of supply are now closed, and as no stock is on hand in this country to meet the present emergency, it has

become necessary to appeal to the patriotism of private owners, to furnish "eyes for the Navy."

Several weeks ago, an appeal was made through the daily press, resulting in the receipt of over 3,000 glasses of various kinds, the great majority of which has proven satisfactory for naval use. *This number, however, is wholly insufficient, and the Navy needs many thousands more.*

May I, therefore, ask your co-operation with the Navy, to impress upon your subscribers, either editorially, pictorially or in display, by announcing, in addition to the above general statement, the following salient features in connection with the Navy's call:

All articles should be securely tagged giving the name and address of the donor, and forwarded by mail or express to the Honorable Franklin D. Roosevelt; Assistant Secretary of the Navy, care of Naval Observatory, Washington, D. C., so that they may be acknowledged by him.

Articles not suitable for naval use will be returned to the sender. Those accepted will be keyed, so that the name and address of the donor, will be permanently recorded at the Navy Department, and every effort will be made to return them, with added historic interest, at the termination of the war. It is, of course, impossible to guarantee them against damage or loss.

As the Government cannot, under the law, accept services or material without making some payment therefor, one dollar will be paid for each article accepted, which sum will constitute the rental price, or, in the event of loss, the purchase price, of such article.

Toward the end of January, it is proposed to distribute throughout the country, posters making an appeal to fill this want of the Navy.

As this is a matter which depends entirely for its success upon publicity, I very much hope that you will feel inclined to help the Navy at this time by assisting in any way that lies within your power.

Very sincerely yours,

FRANKLIN D. ROOSEVELT,

Assistant Secretary of the Navy.

The Editor,

Journal of the Michigan State Medical Society,
Grand Rapids, Mich.

Somewhere in France, Dec. 13, 1917.

Editor:

Many thanks for your good newsy letter which has just been received. I am glad to hear that things are going so well with you and that some of the men back home are getting interested. They sure

will have to, as our portion of this job is bound to be a big, long and difficult one.

I will be glad to ask the boys to write something for the journal but I fear that a real article of any sort will not be possible. You know that such an article should contain new stuff and you can easily see that such information—no matter how simple it may appear to be—cannot very well be printed broadcast at present. I have been with both the French and British during times of activity and sure have learned much from the experience, but I would commit a grave error to allow any of the new stuff to escape at the present time. You can readily see that if we allowed our methods of taking precautions against certain forms of attack, to leak, such precautions would be in vain, as the methods would easily be overcome. This applies forcibly to medical work also.

I am glad to hear that you are going to stay "on the job" with the *Journal*. You have made it a good one. Keep it up. Also always keep it representative of the State Society.

Sincerely,

J. WALTER VAUGHAN.

Deaths

The death of the following doctors not members of the State Society has been reported:

Dr. James W. Beck, Sturgis; Dr. Wm. D. Whitten, San Diego, Cal., formerly of Michigan.

State News Notes

FOR SALE—McCaskey cabinet in good condition. Owner in service and office must be vacated. Address Cabinet care *Journal*.

Please, Doctor, let us have the news items from your vicinity. Won't you report the "doings" in your vicinity once a month?

Mr. Marcus Freud of Detroit has presented to Base Hospital 17, two touring cars, one for the officers and one for the men (both, however, for the use of the nurses). We understand that this splendid gift has already arrived..... (you know).

Miss Unity F. Wilson, daughter of Dr. and Mrs. Harold Wilson, has been appointed by Dr. Alexander Lambert, Chief Surgeon of the American Red Cross in France, to do laboratory work for the Red

Cross in France, and is now in service over-seas. Miss Wilson was late assistant of Prof. Warthin in the Pathological Department of the University of Michigan, and to Dr. Simon Flexner of the Rockefeller Institute.

It is reported that seven more medical men, fifty more enlisted men and thirty-five more nurses are required for Base Hospital 17, and that a certain High Personage is coming back to Detroit to recruit this addition to the unit in person. Not long ago the major, on behalf of his compatriots, presented a portrait of President Wilson to the local municipality, with so excellent a speech that the mayor was "*vivement emu par cette demarche*." We are preparing an address of welcome in our best French to use on the occasion of his return.

Largely through the efforts of Dr. C. E. Simpson, Acting President, assisted by the local organization of physicians, many small gifts were sent to all members of the Wayne County Medical Society as a Christmas remembrance, gifts to members over seas having been sent a month or more ago. That the remembrance was appreciated by the "boys," numerous acknowledgement like the following have already been received:

"Received cigars from the Wayne County Medical Society for Christmas. Surely appreciated them. I felt quite proud of our society as none of the other 25 or 30 doctors here were remembered by their various societies."

W. F. S., Mineola.

Our good friend, Capt. Roland Parmeter (who, by the way, is no longer "Geheimrath," for he says that the only good Geheimrath is a dead one), says, among other things: The battle of the Aisne is now a part of history and no doubt you have read fully about it. We, our operating team, have been in Soissons all the time, about five miles back of the line of the battle. We have worked almost constantly since last Tuesday morning. We operated—all eight operating teams in the hospital—first upon the French wounded and when they were all cleaned up, we began on the Germans. Of course, there are a great many deaths and the wounds are terrible. * * * Our town has been most constantly shelled up to the beginning of the battle; since then not at all except the first night—one shell struck exactly 108 feet from the door of the house where we sleep. A wagon load of seventeen French soldiers was struck while approaching the bridge here, all being killed. Well, as I said before, it's all over now and we are most glad to get back to our base. I don't know what my next duty will be but probably a visit to the British or Italian fronts.

I'm feeling fine—the weather is beastly.

The following exhibits originality and talent of one of our county secretaries:

Owosso, Mich. Dec. 24, 1917.

My Dear Doctor:

Your check, I received it this day.

Your dues for next year you would pay:

But I'm sorry by gosh!

To tell you—no josh!

That you're one-fifty short let me say!

For the dues are four-fifty just now

So you see that is why and that's how

You are one-fifty short,

Now please do not snort,

And don't start a rough house, nor a row!

Merry Christmas,

W. E. WARD.

The following Michigan doctors received the degree of F. A. C. P. at the Pittsburgh meeting held December 27, 1917: Drs. P. M. Hickey, Guy L. Keifer, Arthur D. Holmes, David Inglis, E. W.

Haass, Andrew P. Biddle, Wm. A. Donald, B. D. Harrison, Wm. A. Evans, Guy L. Connor.

Dr. and Mrs. D. H. Long of Eaton Rapids celebrated their fiftieth wedding anniversary on December 29th. The doctor has been in practice fifty-nine years.

Dr. and Mrs. Wm. Bruinsma of Holland celebrated their twenty-fifth wedding anniversary on January 1st.

Dr. W. C. Lambert of Wyandotte has been appointed a member of the Howell State Sanitarium.

The annual Congress on Medical Education will be held in Chicago, Feb. 4 and 5, Congress Hotel.

Dr. F. M. Gowdy of St. Joseph has resumed his practice.

Dr. H. M. Dondua of Cadillac sustained a fractured wrist on Jan. 8th.

COUNTY SOCIETY NEWS

It is the Editor's desire to have this department of the Journal contain the report of every meeting that is held by a Local Society. County Secretaries are urged to send in these reports promptly

BAY COUNTY

Dr. H. B. Morse was elected President of the Bay County Medical Society at the annual meeting held last evening at the home of Dr. W. G. Kelly, the retiring President. Other officers elected are: Vice-President, Dr. C. M. Swantek; Secretary and Treasure, Dr. Morton Gallagher; Directors, Drs. G. W. Moore, W. R. Ballard, R. W. Brown; Member of Legal Committee, Dr. John McLurg; Delegates to State Medical Society, Dr. W. G. Kelly and Dr. J. C. Grosjean.

Previous to the business meeting an elaborate banquet was served to the members by the retiring President. Before taking their seats Dr. Kelley paid a tribute to the two members of the Association who have died during the year, Dr. H. N. Bradley and Dr. F. E. Ruggless and a toast was drunk to the absent members who are in the service of their country.

Following the banquet Dr. Kelley read the President's annual address in which he dwelt upon the harmony which has prevailed among the Society members during the past few years and urged its continuance.

Two memorial tablets which recite the high stand-

ing in the profession of the two members of the Society who died during the year were shown at the meeting. Each bears the signatures of all the members of the Society. The tablets are to be presented to the families of the dead members.

Dr. F. W. Brown, who has been commissioned in the medical department of the army and who leaves today to begin active service at Fort Riley, made a short farewell talk.

The relief work which the Society is carrying on for the families of its members who enter the army service was discussed. Each member of the Society pays \$5 per month into this relief fund, which is divided among the families of those members of the Society in the service who are below the rank of captain, payments to the families being made monthly.

BAY COUNTY DOCTORS COMMISSIONED FOR U. S. ARMY

Major F. H. Randall, at Waco.

Capt. Roy C. Perkins, at Waco.

Capt. Matthew R. Slattery, at Waco.

Lieut. Frederick S. Baird, Ft. Oglethorpe, Ga.

Lieut. F. W. Brown, Ft. Riley, Kan.

Lieut. Edward Goodwin, Com. but still at home.

Lieut. Wm. Kerr, on T. B. Board at Camp Taylor.

Lieut. R. E. Stafford, with Base H. No. 36, Abroad

Officers of Bay County Medical Society for the year 1918:

President—H. B. Morse, Bay City.

Vice-President—C. M. Swantek, Bay City.

Secretary-Treasurer—Morton Gallagher, Bay City.

Member of Medico-Legal Committee—John McLurg, Bay City.

Directors—W. R. Ballard, G. W. Moore and R. W. Brown.

Delegates to State Society—W. G. Kelly and J. C. Grosjean.

Alternates to State Society—J. McLurg and C. H. Baker.

CALHOUN COUNTY

First regular meeting of the Calhoun County Medical Society for 1918, City Hall, Battle Creek, Tuesday evening, January 8, at eight o'clock.

This will be a State Board of Health meeting, and the entire program will be furnished by the members of that Board. The Secretary, Dr. Robert M. Olin, will be in charge, and will announce the program at the time of the meeting. The Board consists of the following members: Dr. A. P. Biddle, Detroit; Dr. Robert M. Olin, Lansing; Dr. V. C. Vaughan, Ann Arbor; Dr. E. T. Abrams, Dollar Bay; Dr. Guy L. Kiefer, Detroit; Mr. W. D. Farley, Battle Creek.

The program will consist of addresses by the various members relative to the workings of the Michigan State Board of Health, with special emphasis relative to venereal prophylaxis as related to Military activities. An opportunity will be given the members of our Society to discuss the addresses, and to question the Board of Health relative to the duties of the physician concerning this work.

SALUTATORY.

I wish to avail myself of this opportunity to thank the members of our Society for the honor conferred upon me in selecting me as your President for the year 1918.

I trust it will be my good fortune to be able in some measure to assist in continuing the splendid progress our Society is making.

Numerically we have made splendid progress—our membership having reached the century mark. More important, however, has been the progressive improvement in the character of the work accomplished, and continuance of which is of prime importance to us and will do much toward promoting the best interests of our Society.

The forward movement of modern medicine and its role in the advancement of our national welfare are matters of vast importance to us, and as medical men it is our patriotic duty to put forth our

very best efforts not only in curing disease but in advancing preventive medicine which has been so aptly styled "the keystone of triumphal arch of modern civilization."

Our problem as a Society is how to become more effective. How can we increase our efficiency so as to make it count for the most, for the sake of usefulness and of helpfulness to those we love and to all humanity? The answer to our problem is devotion and work—devotion to our profession and work for self-improvement. If we take a personal inventory we will find that our efficiency is in direct proportion to the amount of effort we put forth in attaining it. Consequently the deficiency of our Society may be judged by the individual efficiency of its members as applied to the promotion of its interests. Each member possesses knowledge gained by study and experience that is of value to every other member, and as the Society exists for the purpose of facilitating the exchange of knowledge for our mutual benefit in the interests of humanity, we earnestly solicit your hearty co-operation in making the Society just what you would like it to be.

Our program committee is putting forth earnest efforts to furnish us with profitable programs throughout the year, and they would greatly appreciate suggestions from members relative to the character of the programs you most desire. Your co-operation in this respect will greatly facilitate their work and be greatly appreciated by them.

Our Bulletin has been of great service to us in the announcement of the time of meetings, details of programs and news items, and more particularly in the carefully prepared abstracts of important papers which have come before the Society at the previous meeting. These abstracts are of special value in that we have an opportunity of reading them over at our leisure, thereby enabling us to fix the subject firmly in our minds, and it is also of value to those members who have been so unfortunate as not to have been able to be present at the meeting.

In conclusion I wish to extend to every member of our Society my best wishes for their health and prosperity during the year 1918, and suggest the following, which has been taken from the Bulletin of the Chamber of Commerce and modified so as to be applicable to our Society, as New Year's Resolutions:

"That I will begin the New Year with the thought that part of my time belongs to the Calhoun County Medical Society."

"That I can well afford to give back to my Society some portion of what it has given me."

"That I will co-operate with my fellow-members in every move made for our common betterment."

"That I will think only good thoughts about the Society which is good enough for me to be a member of."

"That I will talk prosperity and think prosperity about my Society and its future."

Yours fraternally,

CHAS. E. STEWART, M.D.

President.

ITEMS.

Captain Wilfrid Haughey M. R. C. is now serving somewhere in France with the Detroit College Hospital Unit. Announcement of his safe arrival was received here some weeks ago.

First Lieutenant E. M. Chauncey, M. R. C., was ordered to report at Ft. Riley, Kansas, and left for there Saturday, December 15.

First Lieutenant L. H. Tower, M. R. C., has been ordered to Washington University at St. Louis, Mo., for special instruction in Urology and Dermatology. He left for that post Tuesday, December 13.

We are informed that First Lieutenant Elijah Van Camp, M. R. C., has been advanced to Captain and lately promoted to Major and is still at Camp Sherman, Ohio. Major Van Camp is head of the Medical Department in the 329th Infantry.

REPORT OF TREASURER FOR THE YEAR ENDING DEC. 1, 1917

Balance from last report	\$132.30
Received from dues	584.00
Received from back dues	56.00
Dr. P. M. Keller postage33
1918 dues two members	12.00
Patriotic Assessment	125.00
	<u>\$909.63</u>

Disbursements

Secretary service previous to 1917	\$ 25.00
Michigan State Medical Society Dues	341.25
Michigan State Medical Society Patriotic Assessment..	110.00
Entertainment Committee	45.31
Guest's Expense	20.08
Bulletin	74.55
Printing	5.25
Postage and Messages	43.32
Flowers	16.00
Clinical Film Co.	10.00
Liberty Bond	100.00
Secretary, 1917	50.00
	<u>\$840.76</u>

Balance in Treasurers

A. F. KINGSLEY, Treasurer.

A. F. KINGSLEY, Treasurer.

BRANCH COUNTY

At the regular annual meeting of the Branch County Medical Society held on Tuesday, Jan. 15, 1917, the following officers for the ensuing year were elected, as follows:

President—Dr. F. W. Stewart.

Vice-President—Dr. Newton Baldwin.

Secretary-Treasurer—Dr. Geo. H. Moulton.

Delegate—Dr. W. H. Baldwin.

Alternate—Dr. D. H. Wood.

Medico Legal Com.—Dr. Samuel Schultz.

All residing at Coldwater.

GEO. H. MOULTON, Secretary.

CLINTON COUNTY

At the meeting of the Clinton County Medical Society on Nov. 1, 1917, the following officers were elected for the ensuing year:

President—Dr. A. O. Hart.

Secretary-Treasurer—Dr. Charles G. Foo.

This Society also voted to lay on the table the "Patriotic Fund" proposition until next meeting because there were not many members turned out at the last meeting.

CHARLES G. Foo, Secretary.

GRATIOT-ISABELLA-CLARE COUNTY

The annual meeting of our Society was held at Brainerd Hospital, Alma, Dec. 20, 1917. President Gardiner called the meeting to order. Minutes of previous meeting were read and approved.

Dr. I. N. Brainerd then read a paper on Illness which was discussed by Drs. Hall, Pankhurst, Street, and others.

The annual report of the Secretary was then read and approved. The report showed we had thirty-four members for 1917. The following were duly elected as officers for 1918.

President—B. C. Hall, Pompeii.

Vice-President—J. N. Day, Alma.

Secretary—E. M. Highfield, Riverdale.

Delegate—S. E. Gardiner, Mt. Pleasant.

Alternate—C. T. Pankhurst, North Star.

By motion the Secretary was directed to remit the \$1.50 State dues out of the Society funds for any member who is absent on account of war service.

Secretary's Report.

Received from members dues	\$170.00
Remitted to State Secretary....	\$119.00
Speakers expenses	9.13
Idlehour Theater	5.00
Two invited guests to banquet..	2.00
Printing Sta., Postage and Tel.	22.87 158.00

Balance

Roll of Honor.

C. B. Gardner, Alma; Jeffersonville, Ind., Depot Quarter Master Dept.

E. M. HIGHFIELD, Secretary.

HOUGHTON COUNTY

The regular meeting of the Houghton County Medical Society was held at the Scott Hotel in Hancock, Jan. 7th.

Dr. Alfred LaBine of Houghton, presented a case of Internal Hydrocephalus in an infant of nine months. The baby weighs twenty-two pounds, the head weighing fifteen pounds. The circumference of the head is sixty-five centimeters. The usual etiology of degeneracy in the parents of these cases was born out in this instance, as the father is a confirmed drunkard and mother has recently been assigned to a State institution for the insane.

Dr. D. E. Godwin of Houghton presented the eye findings in this case which were those of an optic atrophy which has probably been proceeded earlier by choked disks. The baby still has peripheral vision.

Dr. A. F. Fischer of Hancock exhibited a case of trephining instruments over one hundred years old.

The Society then proceeded to the annual election at which the following officers were elected:

President—Dr. Geo. M. Rees, Calumet.

Vice President—Dr. Simon Levin, Lake Linden.

Secretary-Treas.—Dr. D. E. Godwin, Houghton.

Censor—Dr. W. P. Scott, Houghton.

Delegate—Dr. W. H. Dodge, Hancock.

Alternate—Dr. J. E. Scallon, Hancock.

The Society then adjourned to luncheon.

D. E. GODWIN, Secretary.

MUSKEGON-OCEANA COUNTY

At the annual meeting of the Muskegon-Oceana County Medical Society the following officers were elected:

President—Dr. J. J. Hartman, Muskegon.

Vice President—Dr. R. G. Olson, Muskegon Heights.

Secretary—Dr. J. T. Cramer, Muskegon.

Treasurer—Dr. J. Oosting.

Director for One Year—Dr. Geo. Le Fevre, Muskegon.

Delegate—Dr. F. B. Marshall, Muskegon.

Alternate—Dr. J. M. J. Hotvedt, Muskegon.

Medical Legal Committee—Dr. Geo. Le Fevre, Muskegon.

Your letter to Dr. Bloom, regarding the charter to the Oceana Co. doctors and the changing of name of our Society to the Muskegon County Medical Society was read to me over the telephone. Dr. Hartman requested me to write you at once, so that this could be done at your next council meeting. We have known of this action by the Oceana men for some time have encouraged the formation of a Society of their own as it is very difficult for them

to meet with us. Regarding the change of name of our Society will say that, while no action has been taken by the Society, it no doubt is the proper thing to do and the name, Muskegon County Medical Society will be satisfactory.

J. T. CRAMER, Secretary.

SANILAC COUNTY

The seventeenth annual meeting of Sanilac County Medical Society was held in the Court House, Sandusky, on Friday, Dec. 28. at 1:30 p. m., for the purpose of electing officers for the ensuing year and other business. The following officers were elected:

President—Dr. John E. Campbell, Brown City.

Vice-President—Dr. L. E. Cockrane, Peck.

Secretary-Treasurer—Dr. J. W. Scott, Sandusky.

Member Medico-Legal Committee—Dr. D. D. McNaughton, Argyle.

Delegate to State Society—Dr. J. F. Waltz, Brown City.

Alternate—Dr. W. G. Campbell, Brown City.

J. W. SCOTT, Secretary.

Book Reviews

THE MEDICAL CLINICS OF NORTH AMERICA. Volume I Number III. (The New York Number, November, 1917). Octavo of 346 pages, 37 illustrations. Philadelphia and London: W. B. Saunders Company, Published Bi-Monthly. Price per year: Paper, \$10.00; Cloth, \$14.00.
Received.

DISEASES OF THE CHEST AND THE PRINCIPLES OF PHYSICAL DIAGNOSIS. By Norris and Landis. W. B. Saunders & Co.

This is the most exhaustive study of this subject that has been published in recent years. While written from an intensely scientific point of view and with due reference at all times to the underlying physiology and pathology of physical signs, it is nevertheless, splendidly practical. A rare merit of the book is that the most precise details are given wherever a method is described.

The book is not an encyclopediac compendium of all previously published theories and notions but is a forceful, abundantly illustrated, and clear cut presentation of the facts and principles by which one may become proficient in the diagnosis of heart and lung diseases.

WHITE & MARTIN'S GENITO-URINARY DISEASES. By Edward Martin, A.M., M.D., F.A.C.S. Benj. A. Thomas, A.M., M.D., F.A.C.S., and Stirling W. Moorehead, M.D., F.A.C.S. Illustrated with 422 engravings and 21 colored

plates. J. B. Lippincott Co., Philadelphia and London. Price \$7.00.

While on first sight this seems like a rather large work to be used for text book purposes or a working manual, it is nevertheless, doubtful if it could be shortened without the loss of a great deal of practical information. The book deserves a high place among the recently published not only because of the prominence of its authors but because it follows a very excellent tendency that is becoming more and more noticeable of late to avoid a tedious litter of historical and theoretical matter and to discuss more in detail well tried methods and well-founded facts.

THE SURGICAL CLINICS OF CHICAGO, Volume I, Number VI, (December, 1917). Index Number, Octavo 245 pages, 89 illustrations. Philadelphia and London: W. B. Saunders Company, Published Bi-Monthly. Price per year: Paper, \$10.00; Cloth, \$14.00.

There are two very interesting articles in this latest volume on a pressing and timely subject. So much of recent surgical literature is taken up with antiseptics and asepsis that it is refreshing to note that here and there the work of perfecting general surgical procedures and investigating the age old problems of medical art is still going on. One of these problems that is presenting itself in the foreground in these days is that of how to reduce the mortality of prostatectomy and render this a safe undertaking. Such writers as Geraghty and Hugh Young have done much to develop the pre-surgical care of these cases. The contributions of Schmidt and of Bevan in this number of Clinics we think offer some very good suggestions which these experiences lead them to. There are other articles equally interesting and reports of some very unusual cases.

"THE THIRD GREAT PLAGUE." By John H. Stokes, A.B., M.D., Chief of the Section of Dermatology and Syphilology, the Mayo Clinic, Rochester, Minn. Illustrated. Published by W. B. Saunders Co., Philadelphia. Price, \$1.50 net.

Syphilis, a disease shrouded in obscurity, entrenched behind a barrier of silence, spoken of only in repressed tones and if mentioned in public print or speech it is referred to as a "blood-disease," is discussed in an intelligent, commendable manner, by the author for public, lay enlightenment. Few persons realize the dangers of this great black plague. The purpose of this book is to put accepted facts regarding syphilis in such a form that they will become matters of common knowledge. In doing so the author has succeeded, and admirably so. These truths and facts are stated clearly, connectedly and instructively.

The text is not obscured in scientific phraseology.

Pleasing indeed is the author's style and none need hesitate or fear that they will be embarrassed by frank statements. The volume may be presented to either sex without fear of offending the most sensitive. Would that every high school boy or girl, every adult, might read and be possessed of the information.

What of the need of public awakening and education in regard to syphilis? Pause but a moment and consider that it is a conservative estimate that one out of every ten men has syphilis. Twenty per cent. of the young men applying for army enlistment are found to be infected. It is a safe estimate to state that in the United States there are 3,842,526 syphilitics. Need we go farther in presenting reasons for the need of information or education in regard to syphilis? Silence cannot be urged when the impending danger is so great and public health is at stake.

Syphilis and facts surrounding the disease must cross the threshold and be subjected to publicity in no unmistakable terms, and as individuals we must look upon this disease impersonally, as a public menace rather than in the light of one or two examples of it whom we may happen to know.

Syphilis is a dangerous, infectious disease to the individual and society. Syphilis should mean to every man and woman, not a secret, private, shameful disease, but a great, open problem in public health, a problem equally as grave as tuberculosis or cancer, and one demanding co-operative effort to limit and eventually eradicate in future generations.

Without a knowledge of the nature, transmission, effects and ravages of the disease no intelligent effort can be undertaken. It is then indeed a pleasure, after reviewing this book to commend it most heartily as a laudable, initiative in creating a public awakening in regard to syphilis.

PROGRESSIVE MEDICINE: A quarterly review and digest of advances, discoveries and improvements in the medical and surgical sciences. Edited by H. A. Hare, M.D. Volume XX, Number IV. Price \$6.00 per annum. Lea & Febiger, Philadelphia.

On several occasions we have called our readers attention to this publication and have recommended its acquirement by every studious and progressive physician. To us it is one of very few publications that gives the really worth while in medicine and surgery and enables one to become familiar with the better literature as well as assisting to acquire enlightenment on progressive methods of value.

This issue is of intensely interesting discussion of pertinent subjects. The contributors are Austin, Bloodgood, Bonney, Clark, Coates, Coley, Crandall,

Davis, Evart, Frazier, Gerter, Gottheil, Jackson, Landis, Muller, Rehfuß, Ruhrah, Spiller and Stengel. In this issue we find discussed masterly, Diseases of the Digestive Tract and Allied Organs by Rehfuß; Diseases of the Kidneys by Austin; Genito-Urinary Diseases by Bonney; Surgery and especially War Surgery by Bloodgood and Practical Therapeutics by Landis.

Especially do we refer our readers to the discussion of War Surgery by Bloodgood. It is the most valuable summary to date.

We heartily recommend this publication to our readers.

SURGICAL NURSING IN WAR. Elizabeth R. Bundy, M.D. Price 75c. P. Blakiston's Son & Co., Philadelphia.

Received.

A CLINICAL TREATISE ON DISEASES OF THE HEART FOR THE GENERAL PRACTITIONER. By Edward E. Cornwall, Ph.B., M.D. Cloth, 124 pp. Rebman Co., New York.

Received.

INTERNATIONAL CLINICS. A Quarterly. Volume IV, 27th Series, 1917. J. B. Lippincott Co., Philadelphia.

Not up to its usual standard, attempting to advance well known methods of surgery as new methods resulting from the war, primitive in many instances, this issue is a distinct disappointment. It is a waste of time, material and labor to distribute this edition. We look for something more worth while in future issues.

THE TREATMENT OF INFANTILE PARALYSIS. Robert W. Lovett, M.D., Harvard, 2d Edition. Price \$1.75. P. Blakiston's Son & Co., Philadelphia.

Maintaining the value of the first edition, enriched and enhanced in this second edition, the volume is pronounced as one of our valued monograph discussion of a subject that is ever of interest. A splendid work.

MEDICAL BACTERIOLOGY. By John A. Roddy, M.D., Jefferson Medical College, 46 Illustrations. Cloth, 284 pp. Price \$2.50. P. Blakiston's Sons & Co., Philadelphia.

Received.

NEUROSYPHILIS. MODERN SYSTEMATIC DIAGNOSIS AND TREATMENT. Presented in 137 Case Histories. By E. E. Southard, M.D., ScD., Professor Neurology, Harvard, and H. C. Solomon, M.D., Harvard. Cloth, 496 pp. W. M. Leonard, Boston.

The authors present a volume primarily for the general practitioner and secondarily for the syphilographer, neurologist and psychiatrist. It is a broad, modern presentation of the subject based on the studies of numerous case histories and post mortem examinations. It discusses the pertinent

points and features thoroughly as well as showing their relation to the existing pathology and clinical features.

The volume merits cordial reception and is deserving of careful study.

PRACTICAL MEDICAL SERIES. 1917. Volume VI, General Medicine, Billings. Volume VII, Obstetrics, De Lee. Volume VIII, Therapeutics and Preventative Medicine, Fantus and Evans. Price per volume \$1.50. Per series—10 volumes—\$10.00.

Received.

NUTRITION AND CLINICAL DIETETICS. By Herbert S. Carter, A.M., M.D.; Paul E. Howe, M.A., Ph.D.; and Howard H. Mason, A.B., M.D. Cloth, 645 pp. Price \$5.50. Lea & Febiger, Philadelphia.

This is a splendid, complete work. One that must at once command the respect of every physician and create an intense desire of possession. Discussed fully, scientifically and practically are the following divisions: Foods and Normal Nutrition, Foods, Feeding in Infancy and Childhood, Feeding in Disease.

It is a most thorough presentation and imparts just what a man wants to know to help him surmount the intricate difficulties of what and how to correctly advise his patients as to their diet and food consumption.

MILITARY OPHTHALMIC SURGERY. By Allen Greenwood, M.D. and G. E. Schweinitz, M.D. and Walter R. Parker, M.D. Medical War Manual No. 3. Authorized by the Surgeon-General. Leather, price \$1.50. Lea & Febiger, Philadelphia.

This is another splendid manual gotten out by this publisher. It contains in condensed form helpful suggestions to medical officers in ophthalmic problems. Of pocket size it will be found most serviceable and merits our unrestrained approval and commendation.

TECHNIC OF THE IRRIGATION TREATMENT OF WOUNDS BY THE CARREL METHOD. J. D. and Anne Carrell, authorized translation. Introduction by W. W. Keen, M.D. Cloth, 99 pp. Paul B. Hoeber, Publisher, New York. Price \$1.25.

This is a clear cut, concise exposition of the Carrel Technic that enables one to grasp the essential principles of this method. Without a working knowledge of these essentials one cannot hope to attain the benefit and full value of this method of treatment of infected wounds. This volume should be in the hands of every surgeon and physician.

Miscellany

Anasarcin and Anedemin.—These are the twin nostrums of cardiac pseudotherapy. Cardiac disease with its resultant renal involvement is frequently

encountered; and running, as it does, a chronic course, it offers an almost ideal field of exploitation for the typical nostrum vender, who is more familiar with human credulity than with this preparation. Anedamin is said to consist of apocynum, strophanthus and squill with elder—an irrational mixture of three heart drugs with inert elder. Anasarcin has been stated to contain sourwood, elder and squill. Anasarcin is a dangerous remedy in the hands of the average clinician, and its use is at all times to be condemned. In view of the dangers attending the incautious use of any member of the digitalis group of drugs, it is impossible to condemn sufficiently the recommendation that the use of Anasarcin should be continued without cessation until all symptoms of dropsy have disappeared. In the present state of our knowledge of cardiac drugs, it is indisputable that digitalis and tincture of digitalis are best suited for the treatment of cardiac disease except in those few cases in which intramuscular or intravenous administration must be employed temporarily for immediate effect (*Jour. A.M.A.*, Dec. 8, 1917, p. 1992).

Some Misbranded Mineral Waters.—Shipments of the following bottled mineral waters were seized by the federal authorities, and on prosecution declared misbranded under the provisions of the U. S. Food and Drugs Act: (1) Baldwin Cayuga Mineral Water; (2) Bowden Lithia Water; (3) Carbonated Colfax Mineral Water; (4) Chippewa Natural Spring Water; (5) Crazy Mineral Water; (6) Crystal Lithium Springs Water; (7) Gray Mineral Water; (8) Henk Waukesha Mineral Spring Water; (9) Seawright Magnesian Lithia Water; (10) White Stone Lithia Water, and (11) Witter Spring Water. The "lithia" waters (Nos. 2, 6, 9 and 10) were in each case declared misbranded in that they did not contain sufficient lithium to warrant the term "lithia" in the same. A number (Nos. 1, 3, 5, 6 and 11) were declared adulterated in that they contained filthy or decomposed animal or vegetable substances of an excessive number of bacteria. Most of the waters (Nos. 1, 3, 4, 6, 7, 8, 9 and 10) were declared misbranded because the curative claims made for them were found unwarranted, false or fraudulent (*Jour. A.M.A.*, Dec. 1, 1917, p. 1901).

Strandgard's T. B. Medicine.—The resident physician of a Canadian sanatorium states that the Dr. Strandgard's Medicine Company of Toronto, Canada, is attempting to sell its "consumption cure" called Strandgard's T. B. Medicine to Canadian soldiers who are being treated at the sanatorium (*Jour. A.M.A.*, Dec. 15, 1917, p. 2060).

Pepto-Mangan.—Physicians having served the purpose of popularizing it, Pepto-Mangan (Gude) is now advertised in newspapers. In consideration of the established facts in regard to the absorption of iron and its utilization, all possible excuse for the therapeutic employment of Pepto-Mangan, in place of iron, has vanished. False claims regarding the efficiency of the preparation have been circulated by its promoters, and about years ago the Council on Pharmacy and Chemistry reported that while the statements were no longer made, they had never been definitely admitted to be erroneous by the Breitenbach Company, and that Pepto-Mangan was then being exploited to the public indirectly. From a reading of the present advertisement in a medical journal, one can only suppose that this was intended to mislead physicians. The physician who prescribes Pepto-Mangan as a hematinic shows ignorance of the most rudimentary facts of iron therapy, and the intelligent patient soon perceives his limitations. "Useful Drugs" contains a list of iron preparations that are suitable for all conditions that call for iron. William Hunter discusses the subject of anemia and its treatment at considerable length in "Index of Treatment," Edition 6, p. 17-37, and gives many prescriptions containing iron for use under different condition. (*Jour. A.M.A.*, Dec. 29, 1917, p. 2202).

The so-called fractional method of gastric analysis advocated by Rehfuess has been found to have such advantages that it has been introduced in the Battle Creek Sanitarium, where test meals to the number of thousands are given each year. To the patients, the new plan is vastly preferable. Indeed, the swallowing of what was often called "the garden hose" was attended in most cases by actual suffering and in many by severe pain. Under the fractional method, a very small tube is used. An oval tip, made of metal and perforated, makes the swallowing easy. Of course, it is inconvenient to have to sit for an hour and a half or two hours without removing the tube, but there is no real distress. The usual test meal of two slices of toast and a glass of water is given, at intervals of half an hour, a small specimen of the gastric juice, 10 or 16 C. C. is taken, until the acidity curve begins definitely to come down.

Under the old method, the practice was to take out all the gastric juice at the end of an hour. At Battle Creek, the period had been lengthened to an hour and a quarter because this was found to be the usual time of greatest acidity. A comparison of the two methods shows that the original plan was misleading in many instances. Under that procedure, cases would be set down as normal if the acidity was shown to be at the usual percentage one hour after the meal. However, as the fractional method proves, many patients who have the right acidity at that minute, many have far too little or too much, before and after the hour has passed. By studying the complete cycle of digestion, an accurate diagnosis may be made.